



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

FY 2001 APPLICANT INFORMATION BULLETIN

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Primary Health Care
Division of Scholarships and Loan Repayments
Loan Repayment Programs Branch
4350 East West Highway, 10th Floor
Bethesda, Maryland 20814-4410

For application assistance,
contact: 1-800-221-9393 or
NHSC@matthewsgroup.com

For the Loan Repayment
Programs Branch, contact:
1-800-435-6464 or DSLR@hrsa.gov

The People We Serve . . . The People We Are

NOTICE

This *Applicant Information Bulletin* describes the policies governing the National Health Service Corps (NHSC) Loan Repayment Program (LRP) authorized by Section 338B of the Public Health Service Act [42 United States Code 2541-1], as amended November 16, 1990, by Public Law 101-597, the NHSC LRP's implementing regulations [42 Code of Federal Regulations Part 62, Subpart B] and NHSC LRP guidelines in effect on January, 2001. Future changes in the governing statute, the implementing regulations, and NHSC LRP guidelines may also be applicable to your participation in the NHSC LRP. The NHSC LRP is listed as number 93.162 in the *Catalog of Federal Domestic Assistance*.

IMPORTANT DATES FOR THE FY 2001 NHSC LRP

- | | |
|---------------------------|---|
| FEBRUARY 5, 2001 | NHSC Vacancy List and HPSA scores in effect on this date will be used for the FY 2001 NHSC LRP contract award process. |
| APRIL 30, 2001 | Postmark due date for submission of all FY 2001 NHSC LRP 2-year applications. |
| MAY 30, 2001 | Applicants are notified by the Division of Scholarships and Loan Repayments of ineligibility due to incomplete applications. |
| JULY 31, 2001 | Division of Scholarships and Loan Repayments mails contract award notification letters to applicants. |
| AUGUST 31, 2001 | Postmark due date for receipt of verification materials on selected program eligibility requirements (pertains to items 5, 9, 10, 16, and 20 on the Checklist). |
| SEPTEMBER 28, 2001 | Last day for award of FY 2001 NHSC LRP 2-year contracts. |

PLEASE KEEP THIS *BULLETIN* FOR FUTURE REFERENCE

This *Applicant Information Bulletin* explains in detail the contractual obligations of the Secretary of the Department of Health and Human Services and the participants in the NHSC LRP. Before signing an NHSC LRP contract, applicants should be sure to review the entire *Bulletin* and the contract (included with this *Bulletin*) to be certain they fully understand their obligation to serve 2 years in a health professional shortage area (HPSA). Before signing an NHSC LRP contract, applicants may want to seek legal counsel to review the *Bulletin* and contract and to review tax liabilities. See Section C of the NHSC LRP contract (Breach of Written Loan Repayment Contract) and Part I of this *Bulletin* (Breaching the NHSC LRP Contract).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Bureau of Primary Health Care

Health Resources and
Services Administration
Bethesda, MD 20814

DATE: January 22, 2001

TO: Prospective Applicants to the National Health Service Corps (NHSC) Loan Repayment Program (LRP) for Fiscal Year 2001

SUBJECT: **NHSC LRP APPLICATION PROCESS FOR FISCAL YEAR 2001**

Thank you for your interest in the National Health Service Corps Loan Repayment Program (NHSC LRP). Included in this *Bulletin* you will find instructions and forms necessary to apply to the Program.

To be considered for an FY 2001 NHSC LRP contract award (note that a Federal fiscal year runs from October 1 to September 30), **completed contract applications must be submitted by no later than April 30, 2001 (postmark date)**. Applicants are encouraged to seek assistance in completing their NHSC LRP applications by calling 1-800-221-9393. For other information, you may contact the Health Resources and Services Administration (HRSA) Field Offices (FO) (see page 78), the Primary Care Associations (PCAs), and the Primary Care Offices (PCOs) (see <http://www.bphc.hrsa.dhhs.gov/bphc/stintel/pcopca.htm>). All contract awards will be made by September 28, 2001.

A contract award with the NHSC LRP is contingent upon availability of funds. A contract award can be made only by the Division of Scholarships and Loan Repayments. An NHSC LRP contract award cannot be guaranteed by your employment site, a HRSA FO, a PCA, a PCO, or any other person or entity. Below are some important tips to follow when submitting your FY 2001 NHSC LRP contract application.

1. **Read this *FY 2001 Applicant Information Bulletin* thoroughly** before preparing your contract application. The current *Bulletin* contains important information regarding eligibility criteria, benefits, service, and instructions for completing the Application for NHSC LRP. To assist you in submitting a complete contract application, a copy of the *Applicant Information Bulletin Checklist* is attached. Applications that are **incomplete** will not be considered for FY 2001 funding and **will be returned in May 2001**.
2. **Identify an NHSC Community Site.** Before submitting your NHSC LRP contract application, you must contact the appropriate HRSA FO (see page 78 of this *Bulletin*) to obtain the information necessary to complete the Community Site Information Form. This form confirms that you are currently negotiating or have negotiated an employment contract with a community site eligible under the NHSC. If you are beginning your job search, you can find information

about community site vacancies eligible under the NHSC and their associated health professional shortage area (HPSA) scores on the NHSC Web site at <http://www.bphc.hrsa.gov/nhsc>. You can also obtain this information by calling 1-800-221-9393. HPSA scores do not apply to NHSC LRP applicants for mental health clinical vacancies at community sites.

3. **Submit a detailed Biographical Statement.** Under the NHSC LRP, we are seeking applications from individuals who have characteristics that increase the probability that they will continue to serve in a HPSA after the period of obligated service. You must provide precise information when addressing items 1, 2, and 3 in the Biographical Statements (see page 22 of this *Bulletin*).
4. **Include the acknowledgement card on the back cover of this *Bulletin* or, if you prefer, provide your e-mail address on the Checklist.** To receive confirmation of receipt of your application by the NHSC LRP, be sure to complete and return the acknowledgement card included on the back cover of this *Bulletin*, or provide your e-mail address on the **Checklist** and indicate that you wish to receive confirmation by e-mail. Confirmation will be sent approximately 2 weeks after receipt of a complete application.

If you have any questions about the application process, please call 1-800-221-9393 between the hours of 8:30 a.m. and 5:00 p.m., E.S.T. In addition, you may write to us at the Division of Scholarships and Loan Repayments, Loan Repayment Programs Branch, 4350 East West Highway, 10th Floor, Bethesda, Maryland 20814-4410.

Thank you for your interest in serving the medically underserved.

Sincerely,



Sonia M. León Reig
Director
Division of Scholarships and Loan Repayments

Attachment

**THE NATIONAL HEALTH SERVICE CORPS
LOAN REPAYMENT PROGRAM APPLICATION
CHECKLIST**

Must be initialed, signed, and dated by the applicant. An incomplete application will not be considered for an FY 2001 NHSC LRP contract award and will be returned to the applicant.

Applicants for FY 2001 NHSC LRP contract awards have until April 30, 2001 (postmark date), to submit a complete contract application. Contract applications may be submitted anytime before April 30, 2001. **Identify all documents submitted with your full name¹ and Social Security Number.** (See Privacy Act Notification Statement, page iii). A pre-addressed envelope is enclosed for your convenience in submitting your application materials.

You must initial each item on this **Checklist** and sign below, indicating that you have read this *Bulletin* for complete instructions and that you understand all items required by the application. **Return the Checklist with your application. Keep a copy of the application package for your records, and submit the original.**

- _____ 1. *Completed Application for National Health Service Corps (NHSC) Loan Repayment Program (LRP), OMB form #0915-0127 (printed in blue). **Note that you must sign your full name in ink.**

- _____ 2. *Completed Loan Information and Verification Forms for each loan for which you are seeking repayment assistance from the NHSC LRP. **Do not send the Loan Information and Verification Forms to your lenders. The NHSC LRP will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.** Complete one form for each qualifying educational loan. (See page 30.)

- _____ 3. *Completed Request for Method of Advanced Loan Repayment Form. (See page 32.)

- _____ 4. *Completed Payment Information Form. It has been mandated that Federal payments are to be processed via electronic funds transfer/direct deposit. (See page 34.)

- _____ 5. *Completed Community Site Information Form. If you are currently negotiating employment, you must submit a letter written on the employer's letterhead that verifies your actual employment, postmarked by no later than August 31, 2001. (See page 27.)

- _____ 6. I understand that should I receive an NHSC LRP contract award the Division of Scholarships and Loan Repayments must receive a copy of my PPO or PPA Agreement before loan repayments can be made.

- _____ 7. *Signed and dated NHSC Loan Repayment Program Contract. I understand that this Contract is not in effect until countersigned by the Director of the Division of Scholarships and Loan Repayments. (See page 37.)

- _____ 8. Copy of your health professional degree or certificate.

- _____ 9. Copy of your permanent license in the State in which you intend to practice. If you have not received your license by the time you submit your application, you must submit supporting documentation that demonstrates you have requested a license (e.g., copy of a letter from the licensure board acknowledging receipt of the application). A copy of your permanent license must then be submitted, postmarked by no later than August 31, 2001. If your license has restrictions, you must also submit a statement explaining the restrictions on your license. (Marriage and Family Therapists and Licensed Professional Counselors who are not required to have a license in the State in which they intend to practice, must submit a copy of their license to practice independently and unsupervised from another State.)

- _____ 10. *Copy of the "Response to Information Disclosure Request" final report you obtain from the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). To obtain this report, you must complete an Individual Request for Information Disclosure (Self-Query) Form, which is available only on the NPDB/HIPDB Web site at <http://www.npdb-hipdb.com> or by calling 1-800-767-6732. If the "Response to Information Disclosure Request" final report cannot be supplied when the application is submitted, the applicant must submit a copy of his or her Self-Query Form by April 30, 2001 (postmark date). "The Response to Information Disclosure Request" final report must be submitted to the Division of Scholarships and Loan Repayments by no later than August 31, 2001 (postmark date), or the applicant will be considered ineligible.

- _____ 11. *Letters of reference from at least two individuals (including your current employer unless you are self-employed) who are in a position to evaluate your current clinical skills. If you are self-employed, one of the reference letters must be from the chief of the medical staff or the credentials committee at the hospital where you have admitting privileges (if you are a physician), or from an

¹If your legal name is different from the name found on any of the documents, identify each with your current name.

* Indicates item must be dated within 6 months before the postmark date of the contract application.

objective source such as a hospital or clinic credentials committee, a physician with whom you have a collaborative practice agreement, or the director of your training program (if you are not a physician). If you are a student or in a residency program, one reference letter can be from the director of your training program.

Reference letters must be written on letterhead and include the following: a statement of the writer's relationship to you; an evaluation of your current clinical skills; the length of time the writer has known you in a professional capacity; and the writer's typed or printed name and telephone number.

- _____ 12. Completed Loan Repayment Programs Branch acknowledgment card. If you prefer to receive confirmation of receipt of your application via e-mail, please provide us with your address. E-mail address: _____ (optional).
- _____ 13. Proof of U.S. citizenship or status as a U.S. National (applicable to individuals born outside of the United States, Commonwealth of Puerto Rico, US Virgin Islands, Territory of American Samoa, Territory of Guam, and Swain's Island). Examples: copy of a birth certificate, identification page of a current U.S. passport, or certificate of citizenship or naturalization.
- _____ 14. *Power-of-Attorney (applicable if you are completing the application on behalf of another person).
- _____ 15. *Signed and dated Biographical Statement (see page 22 of the *FY 2001 Applicant Information Bulletin*). (Make sure you completely respond to items 1, 2, and 3.)
- _____ 16. Copy of your specialty board certification or residency completion certificate (applicable to physicians). If you will not complete your residency by April 30, 2001, you must submit a letter from your residency program director specifying your projected completion date. You must subsequently submit a copy of your residency completion certificate, postmarked by no later than August 31, 2001.
- _____ 17. Copy of your national certification (applicable to PAs, NPs, NMs, and some PNSs and LPCs), or professional association membership (applicable to some MFTs).
- _____ 18. Copy of your national board/licensing examination results (applicable to SWs and DHs).
- _____ 19. Copy of your current curriculum vitae/resume (applicable to PAs, DHs, and non-physician mental health clinicians).
- _____ 20. Letter from entity to which existing service obligation is owed indicating that the obligation will end on or before August 31, 2001 (applicable to applicants with existing service obligations). You must subsequently submit a letter from the entity verifying that your service obligation has been completed. The second letter must be postmarked by no later than August 31, 2001.
- _____ 21. Letter from lender that defaulter/applicant is currently in good standing (applicable to applicants who have defaulted on a Federal debt).
- _____ 22. Proof of disadvantaged background from school official (where applicable).
- _____ 23. Proof of exceptional financial need (EFN) scholarship (MDs, DOs, and dentists), where applicable.
- _____ 24. Copies of the original loan applications or agreements or statements from the current lender indicating the amount, date of original disbursement, and type of loan (applicable to applicants who have consolidated or refinanced educational loans). This information is necessary to verify that the loan (or a specific portion of the loan) was obtained for the undergraduate or graduate education purposes stated in this *Bulletin* and to establish the contemporaneous nature of the loans.
- _____ 25.
 - a. **For primary health care and dental health clinicians only**—I know the health professional shortage area (HPSA) score for the community site in which I am interested. I understand that funding preference shall be given to higher HPSA scores based on the HPSA scores in effect on February 5, 2001.
 - b. **For mental health clinicians only**—HPSA scores do not apply to mental health disciplines. I understand that funding preference shall be given to eligible applicants based on the order in which their completed applications were received.
- _____ 26. I have read this entire *Bulletin* and understand that it is my responsibility to submit a complete application. I understand that my complete application must be received by no later than April 30, 2001 (postmark date). It is essential that my application is complete upon submission. If my application is incomplete when initially submitted, it cannot be resubmitted. If my application is incomplete, it will be returned to me and I will not be considered for an FY 2001 NHSC LRP contract award.
- _____ 27. I understand that an NHSC LRP contract award cannot be part of my employment contract.
- _____ 28. *Initialed, signed, and dated **Checklist**.

I have read and understand the items on this Checklist and understand that only complete contract applications from eligible individuals will be considered for funding for the FY 2001 National Health Service Corps Loan Repayment Program.

Name (Please Print)

Signature

Date

* Indicates item must be dated within 6 months before the postmark date of the contract application.

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DISCRIMINATION PROHIBITED

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title IX of the Education Amendments of 1972 (Part 901) and its implementing regulation, 45 Code of Federal Regulations Part 86, provide that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

Part 504 of the Rehabilitation Act of 1973, as amended, and implementing regulation 45 CFR, Part 84, provide that no otherwise qualified handicapped individual in the United States shall, solely by reason of his or her handicap, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Title 45 CFR Part 91 provides the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be subject to discrimination under, any program or activity receiving Federal financial assistance.

PRIVACY ACT NOTIFICATION STATEMENT

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 94-579) of December 31, 1974, as amended, for individuals supplying information for inclusion in a system of records.

Authority

Section 338B of the Public Health Service Act.

Purposes and Uses

The purpose of the NHSC LRP is to obtain health professionals to meet the staffing needs of the NHSC in HPSAs of the United States. The information you supply will be used to evaluate your qualifications and suitability for participating in the NHSC LRP.

A participant's contract application and related data are made part of the file to be used within the Department of Health and Human Services for record-keeping and management while participating in the NHSC LRP. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the General Accounting Office, pursuant to court order and various routine uses.

The name of an NHSC LRP participant, specialty, business address, telephone number, and completion date of service obligation may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

You are asked to provide your Social Security Number. Please note that if you do not provide this information, and you are granted a loan repayment contract award, your Social Security Number will be required to enable us to make the loan repayments.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the Social Security Number and reply to Part I, Item H (Race/Ethnicity) on the Application for National Health Service Corps (NHSC) Loan Repayment Program (LRP), OMB form 0915-0127 (printed in blue), a contract application will be considered incomplete and will be returned to the applicant.

A. INTRODUCTION

1. The Purpose of the NHSC Loan Repayment Program (LRP)

The purpose of the NHSC LRP is to ensure an adequate supply of health professionals to provide primary health services to populations located in selected health professional shortage areas (HPSAs) identified by the Secretary of the Department of Health and Human Services. HPSAs can be found in rural and urban communities across the Nation. The NHSC LRP provides primary health care through a culturally competent, interdisciplinary team of clinicians. The NHSC LRP recruits health professionals who agree to provide primary health services in community sites eligible under the NHSC. The NHSC LRP assists clinicians in their repayment of qualifying educational loans in return for service in HPSAs. The NHSC is seeking clinicians who demonstrate the characteristics for and interest in serving the Nation's medically underserved populations and remaining in HPSAs beyond their service commitment.

a. Important Items for Applicants

Applicants need to be aware of the following items that apply to the FY 2001 NHSC LRP contract award process:

- The NHSC LRP is a highly competitive program with limited funding. During FY 2000, only one out of every five applicants received an initial NHSC LRP contract award.
- A contract award with the NHSC LRP is contingent upon availability of funds.
- **The responsibility for submitting a complete FY 2001 NHSC LRP contract application is with the applicant. Complete applications must be received by no later than April 30, 2001 (postmark date). It is essential that applications are complete upon submission. Applications that are incomplete when initially submitted cannot be resubmitted. Incomplete applications will be returned to applicants and will not be considered for an FY 2001 NHSC LRP contract award.** Applicants should refer to the **Checklist** (see page 35) to ensure that their application packages are complete.
- Only complete FY 2001 NHSC LRP 2-year contract applications with a postmark date of no later than April 30, 2001, will be considered.
- Applicants are advised to send their completed NHSC LRP contract applications via registered mail or an equivalent delivery service.
- Reference materials needed to complete this application are available on the NHSC Web site at <http://www.bphc.hrsa.gov/nhsc>.
- Employment at a community site eligible under the NHSC does not guarantee an NHSC LRP contract award.
- A posting on the NHSC Vacancy List does not guarantee an NHSC LRP contract award.
- No service credit will be given for employment at a community site before the effective date of an NHSC LRP contract award. The effective date of a contract award is the date it is countersigned by the Director of the Division of Scholarships and Loan Repayments.
- An NHSC LRP contract award can be made only by the Division of Scholarships and Loan Repayments. An NHSC LRP contract award cannot be guaranteed by a community site, a Health Resources and Services Administration (HRSA) Field Office, a Primary Care Office, a Primary Care Association, or any person or entity other than the Director of the Division of Scholarships and Loan Repayments.

- NHSC LRP participants cannot be guaranteed the full repayment of qualifying educational loans (i.e., cannot be guaranteed a contract extension in future fiscal years).
- Funds provided under the NHSC LRP for loan repayment must be used to repay qualifying educational loans.

2. Statutory Authority and Program Administration

The NHSC LRP was authorized by Public Law 100-177, enacted December 1, 1987 [Section 338B of the Public Health Service (PHS) Act, 42 United States Code, Section 2541-1] and amended on November 16, 1990, by Public Law 101-597. It is administered by the Division of Scholarships and Loan Repayments of the Bureau of Primary Health Care, HRSA, an agency of the U.S. Department of Health and Human Services. It is important to remember that service to medically underserved populations is the primary purpose of the NHSC LRP and not the repayment of educational loans.

B. ELIGIBILITY AND SELECTION REQUIREMENTS

1. Eligibility Requirements to Participate

a. Citizenship

Applicants for the NHSC LRP must be citizens or nationals of the United States.

b. Completed Training and Other Requirements for Clinicians

- **Allopathic (MD) or Osteopathic (DO) physicians** must have:
 - 1) certification in a primary care specialty from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association, *or*
 - 2) completed a residency program in a primary care specialty, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

The primary care specialties for physicians are family medicine (and osteopathic general practice), obstetrics/gynecology, general internal medicine, general pediatrics, or general psychiatry.

- **Primary Care Certified Nurse Practitioners (NPs)** must have:
 - 1) a master's degree or a post-baccalaureate certificate, from a school accredited by the National League for Nursing Accrediting Commission, in the nurse practitioner primary care specialties of adult, family, pediatric, psychiatric/mental health, gerontological or women's health, *and*
 - 2) national certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the National Certification Board of Pediatric Nurse Practitioners and Nurses, or the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties.
- **Certified Nurse-Midwives (NMs)** must have:
 - 1) a master's degree or post-baccalaureate certificate, from a school accredited by the American College of Nurse-Midwives (ACNM), *and*
 - 2) national certification by the ACNM.

- **Primary Care Physician Assistants (PAs)** must have:

- 1) graduated from an accredited full 4-year baccalaureate physician assistant training program with a bachelor's degree, *or*
- 2) graduated from an accredited certificate, post-baccalaureate certificate, associate or master's degree physician assistant training program of at least 12 months **and** demonstrate a broad background knowledge of the medical environment, practices, and procedures such as would be acquired by:
 - ♦ a bachelor's degree in a health care occupation such as nursing, medical technology, or physical therapy; *or*
 - ♦ three years of responsible and progressive health care experience such as a medical corpsman, nursing assistant, or medical technician; *or*
 - ♦ one year of physician assistant experience under minimal supervision. The required experience must have demonstrated the ability to perform professional-caliber medical work as a physician assistant with minimal supervision, including the exercise of a degree of judgment in integrating and interpreting diagnostic findings and in determining the need for referral to a physician, *and*
- 3) national certification by the National Commission on Certification of Physician Assistants.

PA training programs must be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and affiliated schools must be accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency.

- **General Practice Dentists** must have a **D.D.S.** or **D.M.D.** degree, from a program accredited by the American Dental Association, Commission on Dental Accreditation.

- **Registered Clinical Dental Hygienists (DHs)** must have:

- 1) graduated from a 4-year program with a bachelor's degree in dental hygiene, *or*
- 2) graduated from a 2-year dental hygiene certificate program **and** have at least one year of experience as a licensed clinical dental hygienist, *and*
- 3) successfully passed the Dental Hygiene National Board Examination.

The programs must be accredited by the American Dental Association, Commission on Dental Accreditation.

- **Clinical or Counseling Psychologists (CPs)** must:

- 1) have a doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a school accredited by the American Psychological Association, Committee on Accreditation, *and*
- 2) have a minimum of one year of post-graduate supervised clinical experience, *and*
- 3) be able to practice independently and unsupervised as a clinical or counseling psychologist.

School psychologists are not eligible to participate in the NHSC LRP.

- **Clinical Social Workers (SWs)** must have:
 - 1) a master's or doctoral degree in social work from a school accredited by the Council on Social Work Education and a U.S. Department of Education nationally recognized regional or State institutional accrediting agency, *and*
 - 2) two years post-graduate supervised clinical experience, *and*
 - 3) passed the American Association of State Social Work Board's (AASSWB) Clinical or Advanced licensing exam prior to July 1, 1998 or the AASWB's Clinical exam on or after July 1, 1998.
- **Psychiatric Nurse Specialists (PNSs)** who are registered nurses, *and*
 - 1) have a master's degree in nursing with a specialization in psychiatric/mental health *and* 2 years of post-graduate supervised clinical experience in psychiatric/mental health nursing, *or*
 - 2) are certified by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing.
- **Marriage and Family Therapists (MFTs)** must:
 - 1) have completed a master's or doctoral program in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or earned a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy *and*
 - 2) have at least 2 years of post-graduate supervised clinical experience in practice as a marital and family therapist, *or*
 - 3) be clinical members of the American Association for Marriage and Family Therapy (AAMFT).
- **Licensed Professional Counselors (LPCs)** must:
 - 1) have a master's degree or higher with a major study in counseling from a regionally accredited university, *and*
 - 2) have at least 2 years of post-master's supervised counseling experience, *or*
 - 3) be certified as a Certified Clinical Mental Health Counselor (CCMHC) by the National Board for Certified Counselors.

School and Career Licensed Professional Counselors are not eligible to participate in the NHSC LRP.

c. **Licensure Requirements**

Applicants for the NHSC LRP must have a current, unrestricted license or, if applicable, a current unrestricted certificate in the State in which they intend to practice. In addition:

- **Psychiatric Nurse Specialists** who intend to practice in a State where advanced practice licensure or certification is not available, must be licensed as a registered nurse in that State.
- **Clinical or Counseling Psychologists** must be licensed to engage in the independent and unsupervised practice of psychology.
- **Clinical Social Workers** must obtain the level of licensure that allows them to practice independently and unsupervised as a Clinical Social Worker.

- **Marriage and Family Therapists** must be licensed to practice independently and unsupervised in the State of practice, or if licensure or certification is not available in the State of practice, must be licensed to practice independently and unsupervised as a Marriage and Family Therapist in a State.
- **Licensed Professional Counselors** must obtain the level of licensure that allows them to practice independently and unsupervised in the State of practice, or if licensure or certification is not available in the State of practice, must be licensed to practice independently and unsupervised as a Licensed Professional Counselor in a State.

d. Complete Application

Complete applications must be received by no later than April 30, 2001 (postmark date). It is essential that applications are complete upon submission. Applications that are incomplete when initially submitted cannot be resubmitted. Incomplete applications will be returned to applicants and will not be considered for an FY 2001 NHSC LRP contract award. (Carefully read the entire *Bulletin* and complete and return the **Checklist** on page 35.)

e. Employment at Eligible Community Site

Applicants for the NHSC LRP must be in the final stages of contract/employment negotiations, or have secured employment, or are currently employed at a community site eligible under the NHSC. (See the Community Site Information Form on page 27.)

f. Medicare/Medicaid Participation

Applicants for the NHSC LRP must participate or be eligible to participate as a provider in Medicare/Medicaid programs. All NHSC community sites and clinicians must accept assignment under the Medicare/Medicaid programs. Therefore, all NHSC LRP clinicians, and/or their community sites, must be able to receive Medicare/Medicaid program payment for any items or services furnished, ordered or prescribed by NHSC LRP participants.

g. Non-Default of Federal Debt

Applicants who are in default of a Federal debt (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, delinquent taxes) and are not considered by their lender/holder to be in good standing, will not be considered for an FY 2001 NHSC LRP contract award. Applicants with Federal debts that have been written off as uncollectible (pursuant to 31 U.S.C. Section 3711(a)(3)) will not be considered for an FY 2001 NHSC LRP contract award. An applicant must be free of any judgment liens against his or her property arising from a debt owed to the United States. **(Debtors with judgment liens for Federal debts are ineligible to receive financial assistance under the NHSC LRP until the judgment is paid in full.)**

h. No Other Service Obligations

All applicants must not have an outstanding contractual obligation for health professional service to the Federal Government (e.g., an active or reserve military obligation) or a State (e.g., State Loan Repayment Program or Scholarship Program obligation) or other entity, unless that service obligation will be completely satisfied before August 31, 2001. Beware that certain bonus clauses in employment contracts may impose a service obligation. (Applicants may contact the Loan Repayments Branch at 1-800-435-6464 about any questions regarding an existing service obligation.)

i. No Breach of Prior Service Obligations

Applicants must not be in breach of any other health professional service obligation to a Federal, State, or local government entity.

j. Non-Delinquency of Child Support Order

In keeping with the President's Executive Orders concerning compliance with child support orders, the NHSC LRP stresses the importance of honoring any child support obligations the applicant may have. Federal payments to a participant may be offset due to delinquencies in court-ordered child support payments.

2. Selection Requirements

- a. Applicants who meet the eligibility criteria and will begin employment at the NHSC community site no later than September 30, 2001.
- b. Applicants whose satisfactory professional competence and conduct have been corroborated.

3. Funding Requirements and Preferences

- a. Complete applications must be postmarked by no later than April 30, 2001. It is essential that applications are complete upon submission. Applications that are incomplete when initially submitted cannot be resubmitted. Incomplete applications will be returned to applicants and will not be considered for an FY 2001 NHSC LRP 2-year contract award. Applicants required to submit subsequent verification material (see Verify Selected Program Eligibility Requirements, page 15) must submit the required material by no later than August 31, 2001 (postmark date).
- b. Information provided in an applicant's Biographical Statement and an applicant's disadvantaged background status will be considered. NHSC is seeking individuals who demonstrate characteristics that they are likely to remain in a HPSA.
- c. Funding targets are established, based on demonstrated community need, for each eligible discipline category (MD/DO, NP, PA, DDS/DMD/DH, NM, Mental Health).
- d. For primary health care and dental health care clinician applicants, a funding preference will be given to applicants serving HPSAs of greatest need (based on the HPSA score for the eligible community site). For each funding target (discipline), eligible applicants will be ranked from the highest to the lowest HPSA score. HPSA scores in effect February 5, 2001, will be used for the FY 2001 NHSC LRP 2-year contract award process. No updates to HPSA scores after February 5, 2001, will be considered.
- e. For mental health care clinician applicants, funding preference will be given to applicants based on the order that complete applications are received. For each funding target (discipline), eligible applicants will be ranked from the earliest to the latest receipt date of complete applications (see Frequently Asked Questions, page 23).
- f. For purposes of the FY 2001 NHSC LRP application process, only those eligible sites/vacancies on the NHSC Vacancy List on February 5, 2001, will be considered. In order to distribute the limited number of NHSC LRP clinicians across a larger number of community sites, the following limits apply to NHSC LRP applicants seeking an FY 2001 NHSC LRP 2-year contract award:
 - A maximum of two FY 2001 NHSC LRP 2-year contract awards per discipline category (i.e., primary health care, dental health care, mental health care) will be allowed for each community site eligible under the NHSC. Within each discipline category, the following additional limits apply:
 - **Primary health care:** no more than one MD/DO and one NP/PA/NM
 - **Dental health care:** no more than one DDS/DMD and one DH
 - **Mental health care:** no more than one MD/DO and one CP/SW/MFT/PNS/LPC
 - If the vacancies at the community sites exceed the numbers allowed per site, it will be the community sites' responsibility to determine which of these vacancies will have the potential for NHSC LRP loan repayment (see Community Site Employment, page 9).
- g. Alternates will be selected for FY 2001 NHSC LRP 2-year contract awards by discipline target based on funding availability and notified by July 31, 2001.
- h. All FY 2001 NHSC LRP 2-year contracts will be awarded no later than September 28, 2001.

C. SERVICE REQUIREMENTS

1. 2-Year Service Requirement

Every NHSC LRP participant must sign a contract agreeing to provide full-time clinical services in a community site eligible under the NHSC.

2. Contract Extension Awards

Participants in good standing may have the opportunity to request an extension of their NHSC LRP contracts to the extent those participants continue to have unpaid qualifying educational loans. Extensions to NHSC LRP contracts will be made at the Government's discretion. There is no guarantee that a 2-year service commitment (contract) will be extended beyond the initial 2 years. Application requirements for contract extensions will be issued on an annual basis under separate cover.

The extension period must begin immediately following the completion of an original service commitment or the most recent extension commitment (i.e., no break in service between the contracts is allowed). Contract extension awards will be subject to the availability of funds appropriated by the Congress of the United States for the NHSC LRP. Applicants should note that if they receive a contract extension award, it will not be effective until they have fully completed the service commitment of their current NHSC LRP contract.

If a participant breaches the terms and conditions of his or her initial NHSC LRP contract or contract extension award, including the requirement that loan repayments received must be applied to reduce the participant's qualifying educational loans during the period of obligated service, he or she will not be selected for future participation in the NHSC LRP.

D. BENEFITS

1. Loan Repayments

The NHSC LRP will provide funds to program participants to repay their qualifying educational loans (See Part E. Qualifying Educational Loans).

- a. For the first 2 years of service, the NHSC LRP will pay up to \$25,000 for each year of service, based on the participant's outstanding balance of qualifying educational loans. If the total amount of the participant's qualifying educational loans is less than \$50,000, the NHSC LRP will pay one-half of the total qualifying educational loans annually.
- b. **All loan repayments paid to the participant must be used by the participant to repay the approved qualifying educational loans.**

2. Tax Assistance

In addition to the loan repayments, participants are entitled to tax assistance payments equal to 39 percent of the total amount of loan repayments received during a tax year. **The loan repayments and the tax assistance payments are taxable income and will be reported to the Internal Revenue Service (IRS).** The IRS has determined that employment tax (FICA) also applies to the vast majority of NHSC LRP awards. The Program is in the process of developing a plan to implement FICA and income tax withholding **effective January 1, 2002.** After implementation, Federal income and FICA taxes will be withheld from participants' disbursements and paid to the IRS on their behalf. Questions concerning the taxability of these payments should be directed to the IRS.

3. Methods of Disbursing Payments

To assist NHSC LRP participants in reducing their educational debts in a shorter period of time, the NHSC LRP will disburse payments to participants on an advanced basis.

Switching between methods of payment may be allowed only at the beginning of a new NHSC LRP service year. Please note, however, that all requests to switch between methods of payment must be submitted in writing at least 3 months prior to the beginning of that service year.

Applicants are encouraged to seek financial counseling before selecting one of the advanced payment methods. Because of the timing of the payment methods, the participant's annual taxable income may increase significantly and he or she should seek advice regarding the tax ramifications of this action. In addition, applicants should contact their lenders regarding prepayment options. Some lenders may accept a lump-sum payment with no further payments expected for those 2 years. Other lenders will accept the lump-sum payment and expect the participant to continue to make monthly payments.

Note: Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC LRP payments for delinquent Federal and State debts, including delinquent child support payments.

4. Salary

The NHSC LRP participant will receive a salary and benefits from the employing community site. Employment compensation packages are negotiated between the professional and the community site. NHSC loan repayments must not be part of the salary negotiations between clinicians and community sites. An NHSC LRP contract award ***cannot be guaranteed by the community site***. NHSC participants should carefully review their employment contracts to ensure these issues are addressed.

E. QUALIFYING EDUCATIONAL LOANS

1. **Loans Qualifying for Repayment**—NHSC LRP participants will receive monies to be applied to the principal, interest, and related expenses of **Government (Federal, State, or local) and commercial loans** obtained by the participant for:

- a. school tuition and required fees;
- b. other reasonable educational expenses (see Definitions, page 14, item 13); and
- c. reasonable living expenses (see Definitions, page 14, item 14).

The fees and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education leading to a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

2. **Loans Not Qualifying for Repayment**—The following are examples of financial obligations that do not qualify for repayment by the NHSC LRP:

- a. any financial liability resulting from the applicant's failure to satisfy a service obligation (e.g., NHSC Scholarship Program financial damages, Indian Health Service Scholarship Program financial damages);
- b. loans for which the associated documentation does not support that the loans were made for the purpose of education leading to the degree in the applicant's NHSC LRP health profession or that the loans were made contemporaneous with such education;
- c. loans not obtained from a Government entity or commercial lending institution (see Definitions, page 13, items 1 and 5);

- d. loans, or that portion of loans, obtained for educational or living expenses while at school, which exceed the "reasonable" level, as determined by the school's standard budget in the year the loan was made; or
- e. loans that have been repaid in full.

3. Refinanced Loans

If undergraduate or graduate educational loans are refinanced, the original documentation of the loans will be required to be submitted to the Division of Scholarships and Loan Repayments to establish the purpose and contemporaneous nature of such loans.

F. COMMUNITY SITE EMPLOYMENT

1. General Information

In exchange for NHSC LRP benefits, NHSC LRP participants must be engaged in the full-time clinical practice (see Part G of this *Bulletin*) of their professions at a community site on the NHSC Vacancy List. The NHSC Vacancy List includes specific primary health care employment opportunities in federally designated HPSAs that have been identified by the NHSC as significantly lacking certain health professionals. The NHSC community sites provide ambulatory primary health services to populations residing in the HPSAs throughout the Nation.

The NHSC Vacancy List (for purposes of the NHSC LRP award process) is prepared each year by the Division of the National Health Service Corps. This List reflects approved NHSC vacancies. The NHSC Vacancy List (for purposes of the NHSC LRP award process) for FY 2001 will be posted on the NHSC Web site at http://www.bphc.hrsa.gov/nhsc/Main/new_home.htm. The List can also be obtained by calling 1-800-221-9393. Only those vacancies on the List effective February 5, 2001, will be considered for FY 2001 NHSC LRP 2-year contract awards.

Community sites may have more than two vacancies per discipline category posted on the NHSC Vacancy List; however, no more than two vacancies per discipline category will be filled during FY 2001 through the NHSC LRP. If the vacancies at the community sites exceed the numbers allowed per site (see Funding Requirements and Preferences, page 6), it will be the community sites' responsibility to determine which of those vacancies will have the potential for NHSC loan repayment.

At the time the application is submitted, the applicant must, at a minimum, be in the process of negotiating an employment contract with a community site eligible under the NHSC. The NHSC LRP Community Site Information Form (see page 27), submitted with the application, documents that the applicant is currently negotiating or has negotiated employment and documents that the applicant has notified the appropriate HRSA Field Office (see page 78) of those negotiations. This form must be submitted with the application by April 30, 2001 (postmark date).

During contract negotiations with an NHSC community site, the applicant should be sure to arrange a start date with the negotiating site official and inform the appropriate HRSA Field Office contact of that start date as soon as possible. The date of employment at a community site and the date of an NHSC LRP contract award may not coincide. The applicant needs to follow up with the HRSA Field Office contact to ensure that his or her employment contract does not conflict with the policies of the NHSC.

An applicant's acceptance of an offer of employment to fill a vacancy on the NHSC Vacancy List (for purposes of the NHSC LRP contract award process) does not guarantee that the applicant will subsequently be selected to receive an NHSC LRP contract award. An NHSC LRP contract award can be guaranteed only by the Division of Scholarships and Loan Repayments.

Applicants become participants in the NHSC LRP on the date the Director of the Division of Scholarships and Loan Repayments (Designee of the Secretary of the Department of Health and Human Services) countersigns the NHSC LRP contract. The applicant's signature alone on this contract does not constitute a contractual agreement.

The date of an FY 2001 NHSC LRP 2-year contract service commitment may begin no earlier than the date the NHSC LRP contract is countersigned by the Director of the Division of Scholarships and Loan Repayments and no later than September 30, 2001 (the last day of the fiscal year).

No loan repayments will be made for any professional practice performed before the date the Designee of the Secretary of the Department of Health and Human Services countersigns the NHSC LRP contract. No loan repayments will be made until the Private Practice Option or Private Practice Assignment Agreements are executed [see Serving Under a Private Practice Assignment (PPA) Agreement and Serving Under a Private Practice Option (PPO) Agreement, below].

2. Serving Under a Private Practice Assignment (PPA) Agreement

Individuals who serve at public or private nonprofit entities on the NHSC Vacancy List are subject to the personnel system of the entity to which they are assigned. However, all Private Practice Assignees must receive an income at least equal to the income they would have received as a civilian employee of the United States Government. Each Private Practice Assignee must sign a PPA Agreement and adhere to the terms and conditions of that Agreement, as well as the terms and conditions of the NHSC LRP contract. All Private Practice Assignees are required to accept assignment under the Medicare/Medicaid Programs. A PPA information bulletin is available from the HRSA Field Office. No loan repayment will be made until the PPA Agreement is executed.

3. Serving Under a Private Practice Option (PPO) Agreement

Under the PPO, an individual is self-employed or is a salaried employee of a public, nonprofit or for-profit entity. Such service must be at a community site identified on the NHSC Vacancy List as a PPO site. Unlike the PPA, there is no minimum salary requirement under the PPO.

If a PPO placement is approved by the appropriate HRSA Field Office, the participant must enter into a PPO Agreement with the NHSC Program for the period of the service commitment. The PPO Agreement requires, among other things, that a participant accept Medicare and Medicaid assignments, provide services at no charge, or at a nominal charge, to those persons unable to pay for services, and prepare and submit an annual report to the appropriate HRSA Field Office on the conduct of his or her practice. A PPO information bulletin is available from the HRSA Field Office. No loan repayment will be made until the PPO Agreement is executed.

G. FULL-TIME CLINICAL PRACTICE

Every participant is required to engage in the full-time clinical practice of the profession for which he or she was selected to participate in the NHSC LRP. Full-time clinical practice is defined as a minimum of 40 hours per week. For physicians, the practice will include ambulatory care, as well as hospital care appropriate to meet the needs of patients and to assure continuity of care.

For all health professionals, except obstetrician/gynecologist (OB/GYN) physicians and certified nurse-midwives, at least 32 of the minimum of 40 hours per week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care setting office(s) specified in the PPA or PPO Agreement. The remaining hours must be spent providing inpatient care to patients of the community site eligible under the NHSC and/or in practice-related administrative activities.

For OB/GYN physicians and certified nurse-midwives, at least 21 of the minimum 40 hours per week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care setting office(s) specified in the PPA or PPO Agreement. The remaining hours must be spent providing inpatient care to patients of the clinic site eligible under the NHSC and/or performing practice-related administrative activities, with administrative activities not to exceed 8 hours per week.

The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week.

Hours worked over the required 40 hours per week will not count against the required 32 or 21 hours of clinical service time.

No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in an NHSC LRP service year will extend the service commitment end date.

H. LEAVING THE COMMUNITY SITE (CHANGING JOBS)

The NHSC LRP contract does not specify a particular community site, only that a participant will serve in the HPSA to which he or she is assigned by the Secretary of the Department of Health and Human Services. Should participants be unable, through no fault of their own, to complete their agreed upon obligations at their initial NHSC community sites, they will be expected to continue their service, without a break, at other community sites eligible under the NHSC. The transfer site will be selected in consultation with, and with the approval of, the appropriate HRSA Field Office. Final approval of all transfers is made by the Division of the National Health Service Corps. Participants who are terminated by their NHSC community sites for cause are not entitled to transfers and will be placed in default by the Division of Scholarships and Loan Repayments.

If there is no break in service between the initial site and the transfer site, the Division of Scholarships and Loan Repayments will continue to make loan repayments to the participant. However, if a participant fails to resume service within 10 business days of the stop-work date at the initial site, the Division of Scholarships and Loan Repayments will stop all loan repayments. Once the participant has transferred to full-time service at a community site eligible under the NHSC, loan repayments will be resumed. Where a break in service occurs, the participant's service end date will be extended.

When a clinician desires a transfer, a written request must be submitted to the appropriate HRSA Field Office for the initial community site where the clinician currently serves. This request should be submitted before the clinician leaves his or her current position.

If a participant does not accept his or her reassignment/transfer community site, he or she may be placed in default of his or her NHSC LRP contract.

I. BREACHING THE NHSC LRP CONTRACT

1. Participants who fail to begin or complete the required NHSC LRP service are subject to the following financial consequences:
 - a. **Effect of not completing 1 year of service**—Participants will be liable to pay the United States an amount equal to the sum of (a) the total amount of loan repayments paid to the participant under the NHSC LRP; and (b) an unserved obligation penalty of \$24,000.
 - b. **Effect of completing at least 1 year of service but less than 2 years** – Participants will be liable to pay the United States an amount equal to the sum of (a) the total amount of loan repayments paid to the participant under the NHSC LRP and (b) an unserved obligation penalty equal to \$1,000 for each month of service not completed by the participant.
 - c. **Payment of debt due in 1 year**—Any of the above amounts which the United States is entitled to recover must be paid within 1 year (or a longer period if the Secretary so decides) from the date of breach.
2. Failure to pay the NHSC LRP debt by the due date has the following consequences:
 - a. **Interest will begin to accrue on the debt**—Interest will begin to accrue on the day after the due date, at an annual rate of interest fixed by the Secretary of the Treasury after taking into consideration prevailing private consumer rates of interest.

- b. The debt will be reported to credit reporting agencies**—Any NHSC LRP debt more than 60 days past due shall be reported to all appropriate credit reporting agencies.
 - c. The debt will be referred to a debt collection agency and the Department of Justice**—Any NHSC LRP debt past due for 3 months shall be referred to a debt collection agency. If the debt collection agency is unsuccessful in receiving payment in full, the debt will be referred to the Department of Justice for enforced collection.
 - d. Administrative offset**—Federal payments due to the participant (e.g., an IRS income tax refund) may be offset by the Department of Treasury to repay a delinquent NHSC LRP debt.
- 3. A financial obligation under the NHSC LRP may only be discharged in bankruptcy if the discharge is granted more than 5 years after the due date and only if a bankruptcy court determines that the nondischarge of the debt would be unconscionable.

J. WAIVER, SUSPENSION, AND CANCELLATION

The Director of the Division of Scholarships and Loan Repayments, may waive or suspend, in whole or in part, a service or payment obligation. In addition, the Director of the Division of Scholarships and Loan Repayments may cancel an NHSC LRP obligation under very limited circumstances.

Suspension—is a temporary status. The basis for a suspension would be a medical condition or a personal situation that: 1) would make it temporarily impossible to continue the service obligation or payment of the monetary debt, or 2) would temporarily involve an extreme hardship to the individual and would be against equity and good conscience to enforce the service or payment obligation.

Waiver—is a permanent status. The basis for a waiver would be a permanent medical condition or personal situation that: 1) results in the individual's inability to serve the obligation or pay the debt, or 2) would involve an extreme hardship to the individual and would be against equity and good conscience to enforce the service or payment obligation.

Cancellation—is a permanent status. The basis of a cancellation would be limited to the death of the NHSC LRP participant.

Requests for waivers and suspensions must be submitted in writing to the Compliance Branch, Division of Scholarships and Loan Repayments, and must include all medical and financial documentation. For further information, contact the Compliance Branch, Division of Scholarships and Loan Repayments, at (301) 594-4390.

K. DEFINITIONS

1. Commercial Loans

Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

2. Division of the National Health Service Corps (DNHSC)

An operating division of the Bureau of Primary Health Care, Health Resources and Services Administration.

3. Division of Scholarships and Loan Repayments

An operating division of the Bureau of Primary Health Care, Health Resources and Services Administration.

4. Fiscal Year (FY)

The Federal FY is defined as October 1 through September 30.

5. Government Loans

Government loans are loans which are made by Federal, State, county or city agencies which are authorized by law to make such loans.

6. Health Professional Shortage Area (HPSA)

The Department of Health and Human Services is charged with identifying those areas, population groups, public or nonprofit private medical facilities, and other public facilities throughout the United States that are underserved by primary health care providers. These are designated by the Bureau of Primary Health Care as HPSAs under provisions of Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

7. Health Resources and Services Administration (HRSA)

An operating agency of the Department of Health and Human Services.

8. Holder

The commercial or Government institution that currently holds the promissory note for the qualifying educational loan.

9. Lender

The commercial or Government institution that initially made the qualifying loan.

10. National Health Service Corps (NHSC)

"The Emergency Health Personnel Act of 1970," Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs.

11. National Health Service Corps (NHSC) Loan Repayment Program (LRP)

The NHSC LRP is authorized by Section 338B of the Public Health Service Act. Under the NHSC LRP, clinicians provide primary health care services in HPSAs in exchange for funds for the repayment of their qualifying educational loans.

12. Qualifying Educational Loans

Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant leading to a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment. Such loans must have documentation that is contemporaneous with the education received.

13. Reasonable Educational Expenses

Reasonable educational expenses are the costs of education, exclusive of tuition, which are considered by an NHSC LRP participant's school to be required by the school's degree program, such as fees, books, supplies, educational equipment and materials, and clinical travel, which is part of the estimated standard student budget of the school in which the participant is enrolled.

14. Reasonable Living Expenses

Reasonable living expenses are the costs of room and board, transportation and commuting costs, and other costs incurred during an individual's attendance at a college, university, and health professions school, as estimated each year by the school as part of the school's standard student budget.

15. State

As used in this *Bulletin*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

L. CONTRACT APPLICATION PROCESS

1. Request an Application

Requests for FY 2001 NHSC LRP contract application packages may be made to:

National Health Service Corps Loan Repayment Program

Telephone number: 1-800-221-9393

E-mail address: nhsc@matthewsgroup.com

Applicants should expect a 10 business-day period for actual receipt of an FY 2001 NHSC LRP application package.

2. Submit a Complete Contract Application Package

- a. Complete applications must be postmarked by no later than April 30, 2001. It is essential that applications are complete upon submission. Applications that are incomplete when initially submitted cannot be resubmitted. Incomplete applications will be returned to applicants and will not be considered for an FY 2001 NHSC LRP contract award.

Applications may be submitted to the Division of Scholarships and Loan Repayments, Loan Repayment Programs Branch, at 4350 East West Highway, 10th Floor, Bethesda, Maryland 20814-4410, anytime before April 30, 2001 (postmark date). FY 2001 NHSC LRP contract applications with a postmark date after April 30, 2001, will not be eligible for an FY 2001 NHSC LRP contract award and will be returned to the applicants.

- b. Application materials identified on the **Checklist** (see page 35) must be no older than 6 months from the postmark date of the submitted FY 2001 NHSC LRP contract application.
- c. Applicants are encouraged to call 1-800-221-9393 to request assistance before submitting their applications on or before April 30, 2001 (postmark date). Specific help is available to review the completeness of applications through the use of the *Applicant Information Bulletin Checklist* (see page 35). For other information, applicants may contact the HRSA Field Offices (see page 78 of this *Bulletin*), primary care offices, and primary care associations (see <http://www.bphc.hrsa.dhhs.gov/bphc/stintel/pcopca.htm>).
- d. **The responsibility for submitting a complete FY 2001 NHSC LRP application is with the applicant.**
- e. Applicants are advised to send their completed NHSC LRP contract applications via registered mail or an equivalent delivery service.

3. Verify Selected Program Eligibility Requirements

- a. Physician applicants must submit copies of specialty board certifications or residency completion certificates as part of their FY 2001 NHSC LRP applications. If this cannot be supplied by April 30, 2001, the applicant must submit a letter from his or her residency program director indicating the applicant's projected residency completion date. A copy of the applicant's residency completion certificate must be submitted to the Division of Scholarships and Loan Repayments by no later than August 31, 2001 (postmark date), or the applicant will be considered ineligible.
- b. All applicants, as part of the FY 2001 NHSC LRP application, must submit a copy of a license from the State in which the applicant will practice (State of community site). If licensure or certification for Marriage and Family Therapists or Licensed Professional Counselors is not available in the State of the community site, the applicant must submit a copy of his or her license to practice independently and unsupervised in another State.

If an applicant has not received such license by April 30, 2001, the applicant must submit supporting documentation to demonstrate efforts to obtain the required license (e.g., a copy of a letter from the licensure

board acknowledging receipt of the application). A copy of the permanent license is required by no later than August 31, 2001 (postmark date), or the applicant will be considered ineligible.

- c. All FY 2001 NHSC LRP applicants must submit NHSC LRP Community Site Information Forms. The Form requires the applicant and Site Executive to designate current employment or negotiating employment. If employment is under negotiation at the time of application, the applicant must submit a letter from the executive director or medical director, by August 31, 2001 (postmark date), stating that employment has started or will start by September 30, 2001. The Division of Scholarships and Loan Repayments will verify this information before the award of an FY 2001 NHSC LRP contract. If employment verification material is not submitted by the applicant by August 31, 2001, the applicant will be considered ineligible.
- d. Applicants must submit a copy of the "Response to Information Disclosure Request" final report from the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). To obtain the "Response to Information Disclosure Request," applicants must complete an Individual Request for Information Disclosure (Self-Query) Form, which is available only on the NPDB/HIPDB Web site at <http://www.npdb-hipdb.com> or by calling 1-800-767-6732. The "Response to Information Disclosure Request" final report must be no more than 6 months old from the postmark date on the application. If the "Response to Information Disclosure Request" final report cannot be supplied when the application is submitted by April 30, 2001 (postmark date), the applicant must submit a copy of his or her Self-Query Form. "The Response to Information Disclosure Request" final report must be submitted to the Division of Scholarships and Loan Repayments by no later than August 31, 2001 (postmark date), or the applicant will be considered ineligible.
- e. All applicants must complete any existing service obligations (e.g., NHSC Scholarship, DOD, State Loan Repayment Program, military reserves) by August 31, 2001 (postmark date), to be considered for an FY 2001 NHSC LRP 2-year contract award. An applicant with an existing service obligation must, as part of the application, provide a letter (using business letterhead) from the entity to which the service obligation is owed. The letter must state the nature of the obligation and the projected end date of the service obligation. Subsequent documentation from the entity to verify service completion must be submitted to the Division of Scholarships and Loan Repayments by August 31, 2001, (postmark date), or the applicant will be considered ineligible.
- f. It is in the best interest of FY 2001 NHSC LRP applicants to provide all required documentation at the time of application. If subsequent Division of Scholarships and Loan Repayments verification is required, applicants will have until no later than August 31, 2001 (postmark date) to submit the needed documentation. Applicants who are required to submit verification material and do not meet this deadline, will not be eligible for an FY 2001 NHSC LRP contract award.
- g. If there is any other information provided in the application or found upon review of the application to make the applicant ineligible for the NHSC LRP, the applicant will receive an explanation in the notification letter that will be sent on or before July 31, 2001.

M. INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR NHSC LRP (blue bubble form, O.M.B. 0915-0127)

(Instructions are given only for selected items on the application.)

Deadline Date

Application deadline is April 30, 2001. All applications and current supporting documentation must be postmarked by April 30, 2001. Meeting the deadline date is your responsibility; no extensions will be granted. The following documents must be signed and dated within 6 months before the postmark date of the contract application:

1. Application form and Biographical Statement
2. Completed Community Site Information Form
3. NPDB and HIPDB final report
4. Loan Information and Verification Forms
5. Request for Method of Advanced Loan Repayment Form
6. Payment Information Form
7. Checklist
8. FY 2001 NHSC LRP Contract
9. References

Power-Of-Attorney

If you are submitting and executing an application on behalf of another person, it is mandatory that a copy of the notarized agreement granting Power-of-Attorney to you be submitted with the application materials. This document must also be dated no more than 6 months prior to the postmark date of the application.

Application Form

Do not make any entries on the application form until you have read the directions. Errors or omissions on the form will delay or prevent the processing of your application. The application form is read by an optical scanner machine; please use a No. 2 lead pencil for all entries. Once you have completed the application form, please print and sign your name in ink in section II.B. **CERTIFICATION.**

SECTION I: General

Item A. Discipline/Degree Program

Write in the name of the professional program you have or will have completed prior to beginning your service under the NHSC LRP; to the right of the arrow, enter the code letters corresponding to this program, starting with the first square:

MD	Doctor of Allopathic Medicine
DO	Doctor of Osteopathic Medicine
DD	Dentist (D.D.S. or D.M.D.)
DH	Dental Hygienist
NP	Nurse Practitioner
NM	Nurse Midwife
PA	Physician Assistant
CP	Clinical or Counseling Psychologist
SW	Clinical Social Worker
MFT	Marriage and Family Therapist
PNS	Psychiatric Nurse Specialist
LPC	Licensed Professional Counselor

Item B. Full Name

Print your last name, first name, and middle name in the two sets of boxes provided. Begin in the first box of each set and print only one letter per box. Print your first name and middle name only in the first set of boxes and your last name only in the second set of boxes. If your last name has a hyphen (-), please enter it. (See last bubble in grid) If you have a Last Name Suffix, please enter it in the box to the right of the Last Name Box, labeled Last Name Suffix. In the column below each box, blacken the circle that corresponds to the letter, symbol, or empty box. Be sure to blacken a circle on every column.

EXAMPLE OF FULL NAME: William John Roger-Smith

Item C. Street Address

Do not enter City, State, or Zip Code in this grid.

Beginning in the first box, print the address where you now receive mail, one number or letter per box. Leave one empty box between the parts of your address. Abbreviations may be used. In the column that extends below each box, blacken the circle that corresponds to the number, symbol, or empty box. It is important that the address you give is your current mailing address.

EXAMPLE - FIRST LINE OF STREET ADDRESS ONLY: 1234 ½ East West Street

EXAMPLE - SECOND LINE OF STREET ADDRESS ONLY: Apt. 302B

Item F. Social Security Number

Applicants who are selected to participate in the NHSC LRP will be required to provide his or her Social Security Number. (See Privacy Act Notification Statement, page iii) All funds paid under the NHSC LRP are income to the participant and must be reported by HRSA to the U.S. Internal Revenue Service.

Applicants without a Social Security Number should make immediate efforts to obtain one by calling their local office of the Social Security Administration.

Item G.1. Citizenship, G.2. Place of Birth, & G.3. Date of Birth

Applicants must be citizens or nationals of the United States to be eligible for an NHSC LRP contract award, based on the statutory requirement that participants be eligible for Federal employment. Enter your place of birth, and indicate if you are a citizen or national of the United States. If you were born **outside** of the United States, Commonwealth of Puerto Rico, U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, or Swains Island you must submit documenting proof of your U.S. citizenship or status as a U.S. national.

Item H. (a/b) Race/Ethnicity

Completion of these questions is voluntary; the information provided will be used to measure the extent to which members of minority ethnic and racial groups are applying for and receiving NHSC LRP contract awards. Answering or failing to answer this question will have no effect on your consideration for this Program.

Item I.1. Existing Service Obligation, I.2. Month, Day and Year When Service Obligation Will Be Completed

Applicants already obligated to a Federal, State, or other entity for health professional practice are not eligible for the NHSC LRP unless that obligation will be completely satisfied on or before August 31, 2001. An applicant entering a "Yes" reply to this item must include a letter from the entity to which the obligation is owed, explaining the nature of the obligation and the date the obligation will be fulfilled. Subsequent documentation that the obligation was completed must be postmarked no later than August 31, 2001. (See Verify Selected Program Eligibility Requirements, page 15.)

Item J.1. Former EFN Participant

This question is to be answered only by physicians (Allopathic and Osteopathic) and dentists. If you answered "Yes", enclose a copy of a statement from a school official.

Item J.2. Disadvantaged Background

Some health professions schools provide financial or other assistance to students they have identified as from a "disadvantaged background." If your school so identified you, indicate "Yes" here, even though you may not have actually received assistance, and enclose a copy of a statement from a school official certifying that you were identified as from a "disadvantaged background." Documentation must be submitted to confirm that your school identified you as coming from a disadvantaged background.

Item K. Availability to Begin Service Obligation

Indicate the date you began or will begin working at the community site eligible under the NHSC. Indicate the name of the community site and the city and State where it is located. Applicants must begin employment at a community site eligible under the NHSC on or before September 30, 2001.

Item L. Which HRSA Field Office Have You or Your Site Contacted Regarding This Application?

Indicate the HRSA Field Office (FO) you contacted regarding your employment with the community site eligible under the NHSC. (Darken only one circle)

STATES INCLUDED WITHIN EACH HRSA FIELD OFFICE

- I. Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- II. New York, New Jersey, Puerto Rico, U.S. Virgin Islands
- III. Delaware, Maryland, Pennsylvania, Virginia, West Virginia, the District of Columbia
- IV. Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
- V. Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
- VI. Arkansas, Louisiana, New Mexico, Oklahoma, Texas
- VII. Iowa, Kansas, Missouri, Nebraska
- VIII. Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
- IX. Arizona, California, Hawaii, Nevada, Territory of Guam, the Commonwealth of the Northern Marianas, Territory of American Samoa, Republic of the Marshall Islands, Republic of Palau, and Federated States of Micronesia
- X. Alaska, Idaho, Oregon, Washington

SECTION II – EDUCATIONAL AND PRACTICE EXPERIENCES

Part A. Item 1. Professional School Code

Print the name of the school and location. Enter the professional school code number corresponding to the name of the professional school from which you obtained your degree for the profession you are applying for in the NHSC LRP (see Discipline, Specialty, and Professional School Codes, page 39). Schools are listed by State, discipline, school code, and name of training facility. Different disciplines taught at the same university will have different code numbers. Be sure you use the code number representing the school you have attended and your discipline. If the school code isn't listed, please enter the code "9999".

Part A. Item 2. Dates and Types of Degrees

In Item 2.a., give the date you began your college or university education after high school. This date is used to determine the first possible year for the qualifying educational loans the NHSC LRP may repay.

In Item 2.b., give the date you completed your work for the professional degree program you stated in Section I. Item A. This date is used to determine the last possible year for the educational loans the NHSC LRP may repay.

In Item 2.c., darken the circle representing the degree you were granted. If other or certificate, blacken the circle and print the information.

Part A. Item 3. What is your specialty?

In Item 3.a., the specialty code letters identifying your training appear in Section W of this *Bulletin*. Also, write out your specialty in the space provided.

In Item 3.b., "Board Certified" refers to your having been certified in the specialty indicated in 3.a. by an American specialty board for that specialty.

Part A. Item 4. Completion of Residency Programs (For Physicians and Dentists)

Have you completed training following the granting of your last professional degree that equips you to be certified in a specialty of your health discipline? (For example: an M.D. might complete a family practice residency; a dentist might complete a postgraduate year of general dentistry.) If so, mark "Yes." If you had no training of this type (or did not complete such training) following the granting of the degree stated in Section I. Item A., mark "No."

Part A. Item 5. Completion Date of Residency Program (For Physicians and Dentists)

Darken the appropriate circles representing the month and year you completed your residency program.

Part A. Item 6. Identify the Professional Residency Program From Which You Received Your Training (for physicians and dentists)

In Item 6.1., print the name of the program.

In Item 6.2., print the location of the program (city and state).

Part A. Item 7. (For Mental Health Professionals)

Indicate in Item 7.a. whether you are eligible to practice your profession independently. If you answer "No" to 7.a, indicate in 7.b. when your supervisory period will be completed. Your supervisory period must be completed and verification must be submitted to the Division of Scholarships and Loan Repayments by August 31, 2001, in order to be eligible for an FY 2001 NHSC LRP contract award.

Part A. Item 9a., 9b., and 9c. Are You Presently Holding a Permanent License?

You must be licensed in the State where you intend to practice under the NHSC LRP (see Eligibility and Selection Requirements, page 4). In Item 9.b., please darken the circle for each State in which you hold a permanent license. In Item 9.c., if you are not licensed in the State in which you will be serving, please indicate the month and year you plan to take the licensure examination for that State (see Verify Selected Program Eligibility Requirements, page 15).

Part A. Item 9d and 9e. Licensure Restriction

Identify any type of restriction you have on your professional license in the space provided and enclose a separate statement explaining the restrictions.

Part B. Item 1., 2., 3., and 4. Judgment Arising from a Federal Debt and Default on Any Debt.

In Item 1, applicants for the NHSC LRP must certify “Yes” or “No” that they do/do not have a judgment lien arising from Federal debt.

In Item 2, applicants for the NHSC LRP must certify “Yes” or “No” that they have/have not defaulted on any Federal debt.

In Item 3, applicants for the NHSC LRP must certify “Yes” or “No” that they have/had not had a Federal debt terminated (written off as uncollectible).

In Item 4, applicants for the NHSC LRP must certify “Yes” or “No” that they have/had a Federal service/payment obligation waived.

PLEASE BE SURE TO PRINT AND SIGN YOUR NAME IN INK UNDER THE SECTION HEADED "CERTIFICATION" ON THE LAST PAGE OF THE APPLICATION. ALSO, PLEASE ENTER THE DATE YOU SIGN THE CERTIFICATION STATEMENT. UNSIGNED/UNDATED APPLICATIONS CANNOT BE CONSIDERED.

N. Biographical Statements

Biographical statements must be typed and provide, at a minimum, information regarding:

1. Student or work experiences with medically underserved populations (e.g., community or migrant health centers, free clinics, public health departments, rural health clinics) during or after your health professions training. Your statement should include:
 - Location
 - Start and end dates
 - Number of hours per week spent on the student/work experience
 - Brief description of the experience
 - The knowledge, skills, or abilities you gained from the experience
2. Language skills (including level of proficiency), if any, you are or will use to provide services to the patient population of the NHSC community site you have selected.
3. Your awareness of the values, beliefs, and practices as they relate to the health of the population you are or will be serving at the NHSC community site you have selected. Include any knowledge, skills, and abilities you have that will demonstrate that you will incorporate them into your practice to improve the delivery of health services to the population of that community site.

O. FREQUENTLY ASKED QUESTIONS

What is the National Health Service Corps (NHSC)?

The National Health Service Corps (NHSC) is a program of the Department of Health and Human Services. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

What is the NHSC Loan Repayment Program (LRP)?

The NHSC LRP identifies fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved communities. This Program makes contract awards to clinicians for service at community sites eligible under the NHSC in designated health professional shortage areas (HPSAs). In exchange for this service, NHSC LRP participants receive funds for the repayment of their qualifying educational loans that are still owed, plus tax assistance.

All NHSC LRP contract awards are made based on availability of funds. In the past, applications have exceeded available funding; therefore, the NHSC LRP is a highly competitive program. Only the Division of Scholarships and Loan Repayments can guarantee the award of an NHSC LRP contract. No other person or entity can guarantee an NHSC LRP contract award. The NHSC LRP cannot guarantee the full repayment of qualifying educational loans.

How Do I Apply to the NHSC LRP?

1. Call 1-800-221-9393 to request an FY 2001 NHSC LRP contract application.
2. Read the *FY 2001 NHSC LRP Applicant Information Bulletin* carefully.
3. Submit a complete application by no later than April 30, 2001 (postmark date). It is essential that applications are complete upon submission. Applications that are incomplete when initially submitted cannot be resubmitted. Incomplete applications will be returned to applicants and will not be considered for an FY 2001 NHSC LRP contract award. Applicants are encouraged to call 1-800-221-9393 to request assistance before submitting their applications on or before April 30, 2001.

Which health professionals are eligible for the NHSC LRP?

To be eligible for loan repayment, you must be fully trained (see Eligibility and Selection Requirements, pages 2–4) in one of the following disciplines:

- Allopathic (MDs) or osteopathic (DOs) primary care physicians
- Primary care certified nurse practitioners (NPs)
- Certified nurse-midwives (NMs)
- Primary care physician assistants (PAs)
- General practice dentists (DDSs/DMDs)
- Registered clinical dental hygienists (DHs)
- Psychiatrists (MDs/DOs)
- Clinical or counseling psychologists (CPs)
- Clinical social workers (SWs)
- Psychiatric nurse specialists (PNSs)
- Marriage and family therapists (MFTs)
- Licensed professional counselors (LPCs)

The goal of the Program is to establish an interdisciplinary health care team at each community site.

Are there any limitations on the number of NHSC LRP contract awards for NHSC community sites?

1. A maximum of two FY 2001 NHSC LRP 2-year contract awards per discipline category (i.e., primary health care, dental health care, mental health care) will be allowed for each community site eligible under the NHSC.
2. Within each discipline category the following additional limits apply:
 - Primary Health Care—no more than one MD/DO and one NP/PA/NM

- Dental Health Care—no more than one DDS/DMD and one DH
 - Mental Health Care—no more than one MD/DO and one CP/SW/MFT/PNS/LPC
3. Community sites may have more than two vacancies per discipline category posted on the NHSC Vacancy List; however, no more than two vacancies per discipline category will be filled during FY 2001 through the NHSC LRP.
 4. If the vacancies at the community sites exceed the numbers allowed per site, it will be the community sites' responsibility to determine which of those vacancies will have the potential for NHSC loan repayment.

What is my service obligation if I receive an NHSC LRP contract award for FY 2001?

NHSC LRP contract awards are for 2 years. The date of an FY 2001 NHSC LRP contract service commitment may begin no earlier than the date the NHSC LRP contract is countersigned by the Director of the Division of Scholarships and Loan Repayments and no later than September 30, 2001 (the last day of the fiscal year). NHSC LRP participants may request an extension of the 2-year contract.

NHSC LRP participants must work a minimum of 40 hours per week of which 32 hours must be onsite outpatient clinical practice, except OB/GYNs and nurse-midwives who must spend 21 hours of 40 hours per week at onsite outpatient clinical practice.

NHSC LRP participants are allowed to be away from the practice sites no more than 35 workdays each service year. This includes any type of leave (vacation, holidays, sick leave, continuing medical education, etc.).

In the past, the Program has allowed NHSC LRP participants to terminate their contracts by returning all monies received by the end of the fiscal year in which the contract was awarded. This policy will not be in effect for FY 2001 NHSC LRP contract awards. Applicants selected for FY 2001 NHSC LRP contract awards will be given an opportunity to decline an award only before the Director of the Division of Scholarships and Loan Repayments signs the contract.

What are my chances of receiving an NHSC LRP contract award for FY 2001?

In the recent past, applicants have had an overall opportunity of one in five to receive an NHSC LRP contract award.

How much money can I receive?

Two-year NHSC LRP contract awardees will receive no more than \$25,000 per year for qualifying educational loan repayment (\$50,000 for 2 years), plus tax assistance. NHSC LRP contract awardees will receive, in total, no more than their qualifying educational loan balances, plus tax assistance.

Where can I serve as an NHSC LRP contract awardee?

NHSC clinicians practice in a broad range of community-based systems of care operating in rural and urban locations throughout the country. The NHSC Vacancy List (for purposes of the NHSC LRP contract award process) can be found at http://www.bphc.hrsa.gov/nhsc/Main/new_home.htm or by calling 1-800-221-9393. This List is based on requests from eligible community sites—located in health professional shortage areas (HPSAs)—that agree to treat all patients regardless of their ability to pay for services.

What is a health professional shortage area (HPSA) score?

A health professional shortage area (HPSA) is a geographic area, population group, or medical facility that has been designated by the Federal Government as having a shortage of health professionals. There are HPSAs for: primary care (shortage of primary care clinicians), dental (shortage of dental health professionals), and mental health (shortage of mental health professionals). HPSAs are assigned a numerical score based on the level of need. The highest possible HPSA score for primary care is 25, and the highest possible score for dental health care is 26.

The primary health care and dental health care applicants serving HPSAs with the greatest need will receive funding preference.

What is the significance of the HPSA scores on the NHSC Vacancy List?

Due to limited funding, HPSA scores for community sites are very important. The HPSA score will determine a primary health care and dental health care applicant's chances for receiving an FY 2001 NHSC LRP contract award. The primary health care and dental health care applicants serving HPSAs with the greatest need will receive funding preference. For each discipline, complete applications will be ranked by HPSA score to determine FY 2001 NHSC LRP contract awards.

In order to establish an accurate ranking of all applications, it is essential to freeze community sites that are eligible for the program and their eligible HPSA scores. For this reason, the NHSC Vacancy List will be updated through February 5, 2001. After February 5, no vacancies will be added and no HPSA scores will be changed. Call 1-800-221-9393 on and after February 5, 2001, to obtain the HPSA scores for your community site. Imposing this timeframe for community sites and HPSA scores is important to both community sites and applicants to ensure that all applicants have the needed information to compete for this Program.

How are applications for mental health clinicians prioritized?

Although there are HPSA scores for mental health care shortages, they are not sufficient for use by the NHSC LRP. Therefore, mental health clinician FY 2001 NHSC LRP contract applications will be prioritized based on the date that a complete application is received.

FORMS

**P. NHSC LOAN REPAYMENT PROGRAM COMMUNITY SITE
INFORMATION FORM**

APPLICANT'S NAME: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____ - _____ - _____

APPLICANT'S DISCIPLINE/SPECIALTY: _____ / _____ (See *Section W* for code)

SITE NAME: _____

SITE ADDRESS: _____

CITY: _____ **STATE:** _____

SITE CONTACT PERSON: _____

SITE PHONE NUMBER: _____

BCRR NUMBER: _____ (# available from HRSA Field Office)

HPSA I.D. NUMBER: _____ (# available from HRSA Field Office)

I certify that I am currently negotiating with the above-named site for employment.

_____ **Check if applicable**

I certify that I have completed negotiations with the above-named site.

_____ **Check if applicable**

I have advised _____ **in the** _____ **Field Office.**
(Name of Field Office Representative) (Name of City)

Applicant's Signature

Date Signed

I certify that the above-named site is currently negotiating (or has negotiated) an employment contract with the above-named applicant.

Executive Director Signature

Date Signed

Q. INDIVIDUAL REQUEST FOR INFORMATION DISCLOSURE (SELF-QUERY) FORM

- Applicants must submit a copy of the final report "Response to Information Disclosure Request" from the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).
- To obtain the "Response to Information Disclosure Request," applicants must complete an "Individual Request for Information Disclosure" (Self-Query) Form, which is available only on the NPDB/HIPDB Web site at <http://www.npdb-hipdb.com> or by calling 1-800-767-6732.
- All Self-Query Form requests are assessed a \$10.00 fee for each Data Bank, for a total of \$20.00. The fee must be paid for by credit card (VISA, MasterCard, or Discover). Forms that are missing credit card information are rejected.
- *Note that the Self-Query Form must be returned to NPDB/HIPDB.*
- The "Response to Information Disclosure Request" final report must be no more than 6 months old from the postmark date on the NHSC LRP contract application.
- If the "Response to Information Disclosure Request" final report cannot be supplied when the application is submitted by April 30, 2001 (postmark date), the applicant must submit a copy of his or her Self-Query Form. "The Response to Information Disclosure Request" final report must be submitted to the Division of Scholarships and Loan Repayments by no later than August 31, 2001 (postmark date), or the applicant will be considered ineligible.

R.

O.M.B.: 0915-0127 Expiration Dec. 31, 2001

LOAN INFORMATION AND VERIFICATION FORMS

INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION FORM

Please complete Part A only of the Loan Information and Verification Form enclosed in your application packet for each loan you wish the NHSC LRP to consider for repayment. Part A authorizes your lender to release information about your loan to the NHSC LRP. (If you need additional forms, you may photocopy the blanks.) Part B of the form is sent by the Division of Scholarships and Loan Repayments to the lender. These forms must be enclosed with your application.

Do not send the Loan Information and Verification Form to your Lender. The NHSC LRP will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.

LOAN CONSOLIDATION: If you have consolidated your loans you may fill out one loan form for the consolidation, but you must list the original amount and date of each disbursement in Box 9 and 10. The total amount of the consolidated loan should be entered in Box 11. If there is not enough room in Boxes 9 and 10, you may attach this information to the loan form.

NHSC LRP participants will receive monies to be applied to the principal, interest, and related expenses of Government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. school tuition and required fees;
- b. other reasonable educational expenses (see Definitions, page 14, item 13); and
- c. reasonable living expenses (see Definitions, page 14, item 14)

incurred by the participant for undergraduate or graduate education leading to a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

R.

O.M.B.: 0915-0127 Expiration Dec. 31, 2001

Note: Do not send this form to your lender; send it to the Division of Scholarships and Loan Repayments, Loan Repayment Programs Branch, with the rest of the application.

LOAN INFORMATION AND VERIFICATION FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BUREAU OF PRIMARY HEALTH CARE

DIVISION OF SCHOLARSHIPS AND LOAN REPAYMENTS

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

PART A - APPLICANT PLEASE COMPLETE THIS SIDE OF THE FORM

The following information must be provided for each loan you are applying to have repaid under the NHSC Loan Repayment Program. Print clearly and completely to help expedite verification. *Please note that incomplete information may delay verification of your loan.*

INSTRUCTIONS:

APPLICANT: Complete one copy of this form for each loan you are applying to be considered for repayment under the NHSC Loan Repayment Program. To each form, attach a copy of the loan agreement; also attach a copy of your loan application, if possible. Please print clearly and complete all of Section A to expedite verification.

LENDING INSTITUTION: Please complete Part B on the reverse side of this form and return this form, using the return envelope provided

PART A - The applicant completes this section. (LENDERS SEE REVERSE SIDE)

1. Applicant's Name (Last, First, Middle)

2. Applicant's Social Security No.

3. Applicant's Complete Address

4. Applicant's Telephone No.

5. Name of Lending Institution

5.a. Lender's Telephone No.

6. Loan Account No.

7. Full Address of Lending Institution

8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary loan holder's name and full address.

Yes No

9. Original Date of the Loan _____

10. Original Amount of the Loan _____

11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____ 11b. Interest Rate _____

12. Purpose of the Loan as Indicated on the Loan Application:

13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____

14. Loan in Default? Yes No Date of Default: _____

15. Loan Under a Federal Court Judgment? Yes No Date of the Judgment: _____

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS - If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for health professions education costs that were consolidated into a new loan.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT - I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Secretary of HHS for repayment of the educational loans I have submitted with my application hereof, incurred solely for the costs of education, including reasonable living expense, leading to a degree in medicine, osteopathy, dentistry, or other health profession. I hereby authorize the Government or financial institution named in item 5 or 8 above to release this information about the loan to the administrators of the NHSC Loan Repayment Program.

SIGNATURE OF APPLICANT

DATE

R.

LOAN INFORMATION AND VERIFICATION FORM

THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

PART B - LENDER PLEASE COMPLETE THIS SIDE OF THE FORM

LENDERS - Please return this Form to:

Loan Repayment Programs Branch
4350 East West Highway, 10th Floor
Bethesda, Maryland 20814
Direct Any Questions to 1-800-435-6464

LENDER'S BURDEN STATEMENT: Public reporting burden for the collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; Paperwork Reduction Project (0915-0127); Room 737-F; Humphrey Building; 200 Independence Avenue, SW, Washington, DC 20201.

LENDING INSTITUTION

The individual identified on the reverse side of this form has applied to participate in the National Health Service Corps Loan Repayment Program and states that, to the best of his or her knowledge, the loan information provided is a bona fide legally enforceable commercial, State or government educational loan made for the purpose of meeting the borrower's costs of attending a school of medicine, osteopathy, dentistry, nurse midwifery, or psychiatry, or programs to train physician assistants, dental hygienists, nurse practitioners or mental health professions (as defined in section 822 of Title II PHS Act). Please verify the information according to your records and indicate any corrections in the "comment" space provided below. Also, please sign, indicate your title, and date this form in the spaces provided.

COMMENTS:

I hereby certify to the accuracy of the loan information contained on the reverse side of this form or as corrected by my notations or comments:

Signature _____
GOVERNMENT/STATE OR LENDING INSTITUTION AUTHORIZED REPRESENTATIVE

Title _____

Date Signed _____

Revised 9/99

S.

REQUEST FOR METHOD OF ADVANCED LOAN REPAYMENT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Primary Health Care
Division of Scholarships and Loan Repayments (DSLRL)**

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM (NHSC LRP)

To assist loan repayment participants in reducing their educational debt in a shorter period of time, the NHSC LRP will disburse payments to participants on an advanced basis. Three methods of advanced payments are currently available to NHSC LRP participants. Please check the box next to the method you desire (only one method allowed).

A. Advanced Quarterly Payment Method - The participant will receive up to \$25,000 per year for the first 2 years in equal quarterly installments each year. The first payment will be disbursed approximately 30 days after the beginning of service and all subsequent payments will be disbursed within 30 days after the beginning of each quarter.

B. Advanced Annual Lump Sum Payment Method - The participant will receive one (1) advanced annual lump sum payment up to \$25,000, approximately 90 days after the beginning of the first year of service and another advanced annual lump sum payment up to \$25,000, approximately 90 days after the beginning of the second year of service.

C. Advanced Biennial Lump Sum Payment Method - The participant will receive one (1) advanced biennial (2-year) lump sum payment up to \$50,000, approximately 90 days after the beginning of the first year of service.

I certify that I have read and fully understand each of the Methods of Payment shown above. I hereby request that the Method of Payment I have checked above be the method by which I am paid as a participant in the National Health Service Corps Loan Repayment Program. In addition, I certify that I understand that switching between methods of payment may be allowed, but only on service anniversary dates. This may be done upon a written request to the DSLR at least 3 months before my next sequential service obligation anniversary date (from the date the service obligation begins).

Name (Please Print)

Signature

Date

All NHSC LRP funds and tax assistance payments will be reported to the Internal Revenue Service (IRS). Applicants are encouraged to seek financial counseling before selecting one of the above mentioned payment methods. Because of the timing of the payment methods, the participant's annual taxable income may increase significantly and he/she may want to seek advice regarding the tax ramifications of this action. Questions concerning the applicability of such requirements should be directed to the IRS.

Revised 12/00

T.

INSTRUCTIONS FOR COMPLETING THE PAYMENT INFORMATION FORM FOR DIRECT DEPOSIT

When this form has been completed by you and your financial institution representative, please send it with the rest of the application to:

**Division of Scholarships and Loan Repayments
Loan Repayment Programs Branch
4350 East West Highway
10th Floor
Bethesda, Maryland 20814-4410**

The enclosed form must be completed as part of your application package in order to directly deposit your LRP disbursements and to ensure the uninterrupted flow of your loan repayment funds.

To Be Completed by the Applicant

Print or type your name.

Print or type your address including street, city, state and zip code.

Print or type your telephone number.

Print or type your social security number; and tax ID # (if applicable).

To Be Completed by Financial Institution Representative

- 1. Print or type the name of the applicant's financial institution (where the applicant's checking or savings account is located).**
- 2. Print or type the address of the applicant's financial institution (where the applicant's checking or savings account is located) including street, city, state and zip code.**
- 3. The financial institution representative needs to print or type the 9-digit ABA routing number for transfer of applicant's funds.**
- 4. Print or type the name(s) of the applicant's account whether it is a CHECKING account or a SAVINGS account. Identify only one type of account.**
- 5. Print or type the account number of the applicant's account identified in item #4.**
- 6. Print or type an X identifying the type of account where the applicant's funds will be deposited.**
- 7. Sign your name, and print or type your title, telephone number, and the date.**

Applicant: Please verify the information, and sign and date the bottom of the form.

T.

PAYMENT INFORMATION FORM

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAM SUPPORT CENTER
FINANCIAL MANAGEMENT SERVICE
DIVISION OF FINANCIAL OPERATIONS**

THE INFORMATION REQUESTED ON THIS FORM CONCERNS YOUR FINANCIAL INSTITUTION, YOUR ACCOUNT AT THAT INSTITUTION, AND PERSONAL INFORMATION WHICH NEEDS TO BE VERIFIED AND COMPLETED.

PRIVACY ACT STATEMENT

THE FOLLOWING INFORMATION IS PROVIDED TO COMPLY WITH THE PRIVACY ACT OF 1974 (P.L. 93-579). ALL INFORMATION COLLECTED ON THIS FORM IS REQUIRED UNDER THE PROVISIONS OF 31 USC 3322 AND 31 CFR 210. THIS INFORMATION WILL BE USED BY THE TREASURY DEPARTMENT TO TRANSMIT PAYMENT DATA BY ELECTRONIC MEANS TO YOUR FINANCIAL INSTITUTION. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY DELAY OR PREVENT THE RECEIPT OF PAYMENTS THROUGH THE AUTOMATED CLEARINGHOUSE PAYMENT SYSTEM.

CHECK ONE: FEDERAL EMPLOYEE _____ CONTRACTOR X VENDOR _____

NAME _____

ADDRESS _____

TELEPHONE (____) _____

COMPLETE ONE OF THE FOLLOWING:

EIN* (EMPLOYER ID #) _____ TIN (TAX ID#) _____

*MAY BE YOUR SOCIAL SECURITY NUMBER IF YOU ARE AN INDIVIDUAL

THE FOLLOWING INFORMATION MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION REPRESENTATIVE.

1. NAME OF FINANCIAL INSTITUTION: _____
2. ADDRESS OF FINANCIAL INSTITUTION: _____

3. FINANCIAL INSTITUTION'S 9-DIGIT ABA ROUTING NUMBER FOR TRANSFER OF FUNDS: _ _ _ _ _
4. DEPOSITOR ACCOUNT TITLE : _____
5. DEPOSITOR ACCOUNT NUMBER : _____
6. TYPE OF ACCOUNT : CHECKING _____ SAVINGS _____
7. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL AT FINANCIAL INSTITUTION

SIGNATURE TITLE
TELEPHONE NUMBER: (____) _____ DATE: _____

THE FOLLOWING IS TO BE COMPLETED BY PAYEE (APPLICANT)

I HAVE VERIFIED THE INFORMATION ON THIS FORM.

SIGNATURE DATE

NOTE: ALL THE ABOVE INFORMATION MUST BE PROVIDED AND BOTH SIGNATURES ARE REQUIRED.

U.

**THE NATIONAL HEALTH SERVICE CORPS
LOAN REPAYMENT PROGRAM APPLICATION
CHECKLIST**

Must be initialed, signed, and dated by the applicant. An incomplete application will not be considered for an FY 2001 NHSC LRP contract award and will be returned to the applicant.

Applicants for FY 2001 NHSC LRP contract awards have until April 30, 2001 (postmark date), to submit a complete contract application. Contract applications may be submitted anytime before April 30, 2001. **Identify all documents submitted with your full name¹ and Social Security Number.** (See Privacy Act Notification Statement, page iii). A pre-addressed envelope is enclosed for your convenience in submitting your application materials.

You must initial each item on this **Checklist** and sign below, indicating that you have read this *Bulletin* for complete instructions and that you understand all items required by the application. **Return the Checklist with your application. Keep a copy of the application package for your records, and submit the original.**

- _____ 1. *Completed Application for National Health Service Corps (NHSC) Loan Repayment Program (LRP), OMB form #0915-0127 (printed in blue). **Note that you must sign your full name in ink.**
- _____ 2. *Completed Loan Information and Verification Forms for each loan for which you are seeking repayment assistance from the NHSC LRP. **Do not send the Loan Information and Verification Forms to your lenders. The NHSC LRP will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.** Complete one form for each qualifying educational loan. (See page 30.)
- _____ 3. *Completed Request for Method of Advanced Loan Repayment Form. (See page 32.)
- _____ 4. *Completed Payment Information Form. It has been mandated that Federal payments are to be processed via electronic funds transfer/direct deposit. (See page 34.)
- _____ 5. *Completed Community Site Information Form. If you are currently negotiating employment, you must submit a letter written on the employer's letterhead that verifies your actual employment, postmarked by no later than August 31, 2001. (See page 27.)
- _____ 6. I understand that should I receive an NHSC LRP contract award the Division of Scholarships and Loan Repayments must receive a copy of my PPO or PPA Agreement before loan repayments can be made.
- _____ 7. *Signed and dated NHSC Loan Repayment Program Contract. I understand that this Contract is not in effect until countersigned by the Director of the Division of Scholarships and Loan Repayments. (See page 37.)
- _____ 8. Copy of your health professional degree or certificate.
- _____ 9. Copy of your permanent license in the State in which you intend to practice. If you have not received your license by the time you submit your application, you must submit supporting documentation that demonstrates you have requested a license (e.g., copy of a letter from the licensure board acknowledging receipt of the application). A copy of your permanent license must then be submitted, postmarked by no later than August 31, 2001. If your license has restrictions, you must also submit a statement explaining the restrictions on your license. (Marriage and Family Therapists and Licensed Professional Counselors who are not required to have a license in the State in which they intend to practice, must submit a copy of their license to practice independently and unsupervised from another State.)
- _____ 10. *Copy of the "Response to Information Disclosure Request" final report you obtain from the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). To obtain this report, you must complete an Individual Request for Information Disclosure (Self-Query) Form, which is available only on the NPDB/HIPDB Web site at <http://www.npdb-hipdb.com> or by calling 1-800-767-6732. If the "Response to Information Disclosure Request" final report cannot be supplied when the application is submitted, the applicant must submit a copy of his or her Self-Query Form by April 30, 2001 (postmark date). "The Response to Information Disclosure Request" final report must be submitted to the Division of Scholarships and Loan Repayments by no later than August 31, 2001 (postmark date), or the applicant will be considered ineligible.
- _____ 11. *Letters of reference from at least two individuals (including your current employer unless you are self-employed) who are in a position to evaluate your current clinical skills. If you are self-employed, one of the reference letters must be from the chief of the medical staff or the credentials committee at the hospital where you have admitting privileges (if you are a physician), or from an objective source such as a hospital or clinic credentials committee, a physician with whom you have a collaborative practice agreement, or the director of your training program (if you are not a physician). If you are a student or in a residency program, one reference letter can be from the director of your training program.

¹If your legal name is different from the name found on any of the documents, identify each with your current name.

* Indicates item must be dated within 6 months before the postmark date of the contract application.

Reference letters must be written on letterhead and include the following: a statement of the writer's relationship to you; an evaluation of your current clinical skills; the length of time the writer has known you in a professional capacity; and the writer's typed or printed name and telephone number.

- _____ 12. Completed Loan Repayment Programs Branch acknowledgment card. If you prefer to receive confirmation of receipt of your application via e-mail, please provide us with your address. E-mail address: _____ (optional).
- _____ 13. Proof of U.S. citizenship or status as a U.S. National (applicable to individuals born outside of the United States, Commonwealth of Puerto Rico, US Virgin Islands, Territory of American Samoa, Territory of Guam, and Swain's Island). Examples: copy of a birth certificate, identification page of a current U.S. passport, or certificate of citizenship or naturalization.
- _____ 14. *Power-of-Attorney (applicable if you are completing the application on behalf of another person).
- _____ 15. *Signed and dated Biographical Statement (see page 22 of the *FY 2001 Applicant Information Bulletin*). (Make sure you completely respond to items 1, 2, and 3.)
- _____ 16. Copy of your specialty board certification or residency completion certificate (applicable to physicians). If you will not complete your residency by April 30, 2001, you must submit a letter from your residency program director specifying your projected completion date. You must subsequently submit a copy of your residency completion certificate, postmarked by no later than August 31, 2001.
- _____ 17. Copy of your national certification (applicable to PAs, NPs, NMs, and some PNSs and LPCs), or professional association membership (applicable to some MFTs).
- _____ 18. Copy of your national board/licensing examination results (applicable to SWs and DHs).
- _____ 19. Copy of your current curriculum vitae/resume (applicable to PAs, DHs, and non-physician mental health clinicians).
- _____ 20. Letter from entity to which existing service obligation is owed indicating that the obligation will end on or before August 31, 2001 (applicable to applicants with existing service obligations). You must subsequently submit a letter from the entity verifying that your service obligation has been completed. The second letter must be postmarked by no later than August 31, 2001.
- _____ 21. Letter from lender that defaulter/applicant is currently in good standing (applicable to applicants who have defaulted on a Federal debt).
- _____ 22. Proof of disadvantaged background from school official (where applicable).
- _____ 23. Proof of exceptional financial need (EFN) scholarship (MDs, DOs, and dentists), where applicable.
- _____ 24. Copies of the original loan applications or agreements or statements from the current lender indicating the amount, date of original disbursement, and type of loan (applicable to applicants who have consolidated or refinanced educational loans). This information is necessary to verify that the loan (or a specific portion of the loan) was obtained for the undergraduate or graduate education purposes stated in this *Bulletin* and to establish the contemporaneous nature of the loans.
- _____ 25. a. **For primary health care and dental health clinicians only**—I know the health professional shortage area (HPSA) score for the community site in which I am interested. I understand that funding preference shall be given to higher HPSA scores based on the HPSA scores in effect on February 5, 2001.
b. **For mental health clinicians only**—HPSA scores do not apply to mental health disciplines. I understand that funding preference shall be given to eligible applicants based on the order in which their completed applications were received.
- _____ 26. I have read this entire *Bulletin* and understand that it is my responsibility to submit a complete application. I understand that my complete application must be received by no later than April 30, 2001 (postmark date). It is essential that my application is complete upon submission. If my application is incomplete when initially submitted, it cannot be resubmitted. If my application is incomplete, it will be returned to me and I will not be considered for an FY 2001 NHSC LRP contract award.
- _____ 27. I understand that an NHSC LRP contract award cannot be part of my employment contract.
- _____ 28. *Initialed, signed, and dated **Checklist**.

I have read and understand the items on this Checklist and understand that only complete contract applications from eligible individuals will be considered for funding for the FY 2001 National Health Service Corps Loan Repayment Program.

Name (Please Print)	Signature	Date
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* Indicates item must be dated within 6 months before the postmark date of the contract application.

V.

CONTRACT

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM FY 2001 CONTRACT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION BUREAU OF PRIMARY HEALTH CARE DIVISION OF SCHOLARSHIPS AND LOAN REPAYMENTS

Section 338B of the Public Health Service Act ("Act") authorizes the Secretary of Health and Human Services ("Secretary") to repay the graduate and/or undergraduate educational loans of applicants selected to be participants in the National Health Service Corps Loan Repayment Program ("Loan Repayment Program"). In return for these loan repayments, applicants must agree to provide primary health services in a manner determined by the Secretary for a period of obligated service in a Health Professional Shortage Area ("HPSA") designated by the Secretary pursuant to section 332 of the Act.

An applicant becomes a participant in the Loan Repayment Program only upon the Secretary and the applicant entering into this written Contract, countersigned by the Secretary's designee.

The terms and conditions of participating in the Loan Repayment Program are set forth below.

Section A—Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the National Health Service Corps (NHSC), the Secretary agrees to:

1. Pay, in the amount provided in paragraph 2 of this section, the undersigned applicant's qualifying graduate and/or undergraduate educational loans for actual costs paid for:
 - a. tuition expenses;
 - b. all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the applicant; or
 - c. reasonable living expenses as determined by the Secretary.
 Qualifying graduate and/or undergraduate educational loans consist of the principal, interest, and related expenses of the government and commercial loans received by the applicant for the above-listed expenses leading to a degree in the health profession in which the applicant will serve his or her period of obligated service.
2. Pay \$25,000 annually, for the first 2 years of service; however, if the total amount of the applicant's qualifying educational loans is less than \$50,000, pay one-half of the total qualifying educational loans annually.
3. Provide reimbursement for increased tax liability resulting from participation in the Loan Repayment Program in an amount equal to 39 percent of the total of loan repayments made for each tax year in which such payments were made.
4. Accept the applicant into the NHSC or release the applicant, pursuant to section 338D of the Act, to enter into full-time private clinical practice of the applicant's health profession in a HPSA selected by the Secretary.
5. Make loan repayments for a year of obligated service no later than the end of the fiscal year in which the applicant completes such year of service.

Section B—Obligations of the Applicant

1. The applicant agrees to:
 - a. Accept loan repayments from the Secretary and apply those loan repayments, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.
 - b. Serve his or her period of obligated service by providing primary health services, as determined by the Secretary:
 - i. in the full-time clinical practice (as defined in paragraph iii below) of his or her health profession in the HPSA (designated under section 332 of the Act) to which the applicant is assigned by the Secretary as a member of the NHSC, either as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service, as a civilian employee of the United States, or as an individual who is not an employee of the United States; or
 - ii. in the full-time private clinical practice (as defined in paragraph iii below) of his or her health profession pursuant to a Private Practice Option Agreement under section 338D of the Act in a HPSA (designated under 332 of the Act) selected by the Secretary.
 - iii. A full-time clinical practice is defined as a minimum of 40 hours per week. The practice will include hospital treatment coverage appropriate to meet the needs of patients and to ensure continuity of care. For all

health professionals except obstetrician/gynecologists (OB/GYN) and Certified Nurse Midwives (CNM), at least 32 of the minimum 40 hours per week must be providing clinical services in the ambulatory setting at the approved practice site, during normally scheduled office hours. For an OB/GYN or CNM practitioner, the majority of the 40 hours per week (not less than 21 hours per week) must be providing ambulatory care services during normally scheduled office hours. Of the remaining 19 hours, no more than 8 hours may be spent on administrative activities. The 40 hours per week may be compressed into no less than 4 days per week with no more than 12 hours of work to be performed in any 24-hour period. Time spent "on-call" will not count toward the 40-hour week. No more than 7 weeks (35 work days) can be spent away from the practice for holidays, vacation, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in any given 52 week period will extend the service obligation end date.

- c. Serve in accordance with paragraph b. of this section for 2 years. Contract extension for additional years may be available under the terms and conditions specified in Section E of the Contract.
- d. Comply with the provisions of Title 42, Code of Federal Regulations, Part 62, Subpart B.

Section C—Breach of Written Loan Repayment Contract

1. If the applicant, for any reason, fails to complete the 2-year period of obligated service, he or she shall be liable to the United States for an amount equal to the sum of (a) the total amount paid by the United States to, or on behalf of, the applicant under this Contract for loan repayments and (b) an amount equal to the unserved obligation penalty set forth in paragraph 3 of this section.
2. If the applicant's Contract is extended pursuant to Section E of this Contract and the applicant, for any reason, fails to complete the period of additional obligated service, then he or she shall be liable to the United States for an amount equal to the sum of (a) the total amount paid by the United States to, or on behalf of, the applicant under this Contract for loan repayments for any period of obligated service not served and (b) \$10,000, if the applicant fails to give the Secretary at least 1 year prior notice of his or her intent to breach this Contract.
3. The unserved obligation penalty is an amount equal to the number of months of obligated service that were not completed by the applicant multiplied by \$1,000, except that if the applicant fails to complete 1 year of service, the unserved obligation penalty shall be equal to the number of months in the full period of obligated service (24) multiplied by \$1,000.
4. Any amount the United States is entitled to recover shall be paid within 1 year of the date the Secretary determines that the applicant is in breach of this written Contract.

Section D—Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the applicant under this Contract will be canceled upon applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this Contract if the applicant's compliance with the terms and conditions of this Contract is:
 - a. impossible or
 - b. would involve extreme hardship and enforcement would be unconscionable.

Section E—Contract Extension

1. The applicant may, in accordance with procedures established by the Secretary, request an extension of this Contract.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the NHSC, the Secretary may approve a request for Contract extension in accordance with the Secretary's established policies in effect at the time of the extension.
3. If the applicant's Contract is extended, the Secretary will pay up to \$35,000 per year for repayment of the applicant's qualifying educational loans.
4. A request for an extension of this Contract will not be approved if prior loan repayments received under this Contract were not applied, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.

The Secretary or his or her authorized representative must sign this Contract before it becomes effective.

Applicant Name (please print):	Applicant's Social Security Number:
Applicant's Signature:	Date:
Secretary of Health and Human Services or Designee:	Date:

W.

<p>DISCIPLINE, SPECIALTY, AND PROFESSIONAL SCHOOL CODES</p>

**If the professional school or program code isn't listed, please enter the code "9999."
Psychiatric nurse specialists, marriage and family therapists, and licensed professional
counselors should use the program codes provided for the other mental health
disciplines.**

1. DISCIPLINE CODES

The discipline and associated professional school/program code table that follows is provided to make it easier to report the name and address of the school from which the applicant received qualified training for his or her profession. The information is used to fine-tune the recruitment process for health professionals as well as verify that training has been completed.

- 1. Allopathic Medicine (MD)**
- 2. Osteopathic Medicine (DO)**
- 3. Nurse Practitioner (NP)**
- 4. Nurse-Midwifery (NM)**
- 5. Physician Assistant (PA)**
- 6. Dentist (DD)**
- 7. Dental Hygienist (DH)**
- 8. Clinical or Counseling Psychologist (CP)**
- 9. Clinical Social Worker (SW)**
- 10. Marriage and Family Therapist (MFT)**
- 11. Psychiatric Nurse Specialist (PNS)**
- 12. Licensed Professional Counselor (LPC)**

2. SPECIALTY CODES

A. Allopathic Medicine (MD) and Osteopathic Medicine (DO) use:

FP	Family Practice
INT	General Internal Medicine
OBG	Obstetrics and Gynecology
PED	General Pediatrics
PSY	General Psychiatry

B. Nurse Practitioner use:

ADU	Adult Nurse Practitioner
FP	Family Nurse Practitioner
PED	Pediatric Nurse Practitioner
WH	Women's Health Nurse Practitioner
PSY	Psychiatric/Mental Health Nurse Practitioner
GER	Gerontological Nurse Practitioner

C. Psychiatric Nurse use:

ADU	Adult Psychiatric/Mental Health
PED	Child/Adolescent Psychiatric/Mental Health

3. PROFESSIONAL SCHOOL CODES

SCHOOLS OF ALLOPATHIC MEDICINE (MD)

ALABAMA

0055	UNIV OF ALABAMA SCH OF MEDICINE	BIRMINGHAM
0096	UNIV OF SOUTH ALABAMA COLL OF MEDICINE	MOBILE

ARIZONA

0056	UNIVERSITY OF ARIZONA COLL OF MEDICINE	TUCSON
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ARKANSAS

0057	UNIV OF ARKANSAS COL OF MEDICINE	LITTLE ROCK
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CALIFORNIA

0061	UNIV OF CALIFORNIA @ DAVIS SCH OF MEDICINE	DAVIS
0062	UNIV OF CALIF @ IRVINE COLL OF MEDICINE	IRVINE
0059	UNIV OF CAL SAN DIEGO SCH OF MEDICINE	LA JOLLA
0025	LOMA LINDA UNIV SCH OF MEDICINE	LOMA LINDA
0058	UNIV OF CALIF @ LOS ANGELES SCH OF MEDICINE	LOS ANGELES
0099	UNIV OF SOUTHERN CAL SCH OF MEDICINE	LOS ANGELES
0046	STANFORD UNIVERSITY SCH OF MEDICINE	PALO ALTO
0060	UNIV OF CALIF @ SAN FRANCISCO SCH OF MEDICINE	SAN FRANCISCO

COLORADO

0065	UNIV OF COLORADO SCH OF MEDICINE	DENVER
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CONNECTICUT

0066	UNIV OF CONNECTICUT SCH OF MEDICINE	FARMINGTON
0115	YALE UNIVERSITY SCH OF MEDICINE	NEW HAVEN

DISTRICT OF COLUMBIA

0017	GEORGE WASHINGTON UNIV SCH OF MEDICINE	WASHINGTON
0018	GEORGETOWN UNIV SCH OF MEDICINE	WASHINGTON
0021	HOWARD UNIV COLL OF MEDICINE	WASHINGTON

FLORIDA

3124	UNIVERSITY OF FLORIDA	GAINESVILLE
0067	UNIV OF FLORIDA COLL OF MEDICINE	GAINESVILLE
0078	UNIVERSITY OF MIAMI SCH OF MEDICINE	MIAMI
2864	FLORIDA STATE UNIVERSITY	TALLAHASSEE
0098	UNIV OF SOUTH FLORIDA COLL OF MEDICINE	TAMPA

GEORGIA

0016	EMORY UNIV SCH OF MEDICINE	ATLANTA
0133	MOREHOUSE SCH OF MED	ATLANTA
0031	MEDICAL COLL OF GEORGIA SCH OF MEDICINE	AUGUSTA
0144	MERCER UNIV SCH OF MEDICINE	MACON

SCHOOLS OF ALLOPATHIC MEDICINE (MD)***HAWAII***

0068	UNIV OF HAWAII SCH OF MEDICINE	HONOLULU
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ILLINOIS

3189	CHICAGO SCHOOL OF PROFESSIONAL PSY	CHICAGO
0069	FINCH UNIV OF HLT SCI-CHICAGO MEDICAL SCH	CHICAGO
0040	NORTHWESTERN UNIV MEDICAL SCH	CHICAGO
0043	RUSH MEDICAL COLLEGE	CHICAGO
0063	UNIV OF CHICAGO PRITZKER SCH OF MEDICINE	CHICAGO
0070	UNIV OF ILLINOIS COLL OF MEDICINE	CHICAGO
0028	LOYOLA UNIV OF CHICAGO STRITCH SCH OF MED	MAYWOOD
0071	UNIV OF ILLINOIS PEORIA MEDICAL SCH	PEORIA
0141	UNIV OF ILLINOIS ROCKFORD MEDICAL SCH	ROCKFORD
0044	SOUTHERN ILLINOIS UNIV SCH OF MEDICINE	SPRINGFIELD
0140	UNIV OF ILLINOIS URBANA MEDICAL SCH	URBANA

INDIANA

0022	INDIANA UNIV SCH OF MEDICINE	INDIANAPOLIS
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IOWA

0072	UNIVERSITY OF IOWA COLL OF MEDICINE	IOWA CITY
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KANSAS

0073	UNIV OF KANSAS SCH OF MEDICINE	KANSAS CITY
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KENTUCKY

0074	UNIV OF KENTUCKY COLL OF MEDICINE	LEXINGTON
0075	UNIV OF LOUISVILLE SCH OF MEDICINE	LOUISVILLE

LOUISIANA

0026	LA STATE UNIV @ NEW ORLEANS SCH OF MED	NEW ORLEANS
0054	TULANE UNIV SCH OF MEDICINE	NEW ORLEANS
0027	LA STATE UNIV @ SHREVEPORT SCH OF MED	SHREVEPORT

MARYLAND

0024	JOHNS HOPKINS UNIV SCH OF MEDICINE	BALTIMORE
0076	UNIV OF MARYLAND @ BALTIMORE SCH OF MED	BALTIMORE

MASSACHUSETTS

0004	BOSTON UNIV SCH OF MEDICINE	BOSTON
0020	HARVARD MEDICAL SCH	BOSTON
0053	TUFTS UNIVERSITY SCH OF MEDICINE	BOSTON
0077	UNIV OF MASSACHUSETTS MEDICAL SCH	WORCESTER

SCHOOLS OF ALLOPATHIC MEDICINE (MD)

MICHIGAN

0079	UNIV OF MICHIGAN MEDICAL SCH	ANN ARBOR
0113	WAYNE STATE UNIV SCH OF MEDICINE	DETROIT
0036	MICHIGAN STATE UNIV COLL OF HUMAN MEDICINE	EAST LANSING

MINNESOTA

0080	UNIV OF MINNESOTA DULUTH MEDICAL SCH	DULUTH
0081	UNIV OF MINNESOTA @ MINNEAPOLIS MEDICAL SCH	MINNEAPOLIS
0029	MAYO MEDICAL SCH	ROCHESTER

MISSISSIPPI

0082	UNIV OF MISSISSIPPI SCH OF MEDICINE	JACKSON
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MISSOURI

0083	UNIV OF MISSOURI @ COLUMBIA SCH OF MEDICINE	COLUMBIA
0084	UNIV OF MISSOURI @ KANSAS CITY SCH OF MED	KANSAS CITY
0045	ST LOUIS UNIV SCH OF MEDICINE	ST. LOUIS
0112	WASHINGTON UNIV SCH OF MEDICINE	ST. LOUIS
3039	FOREST INSTITUTE OF PROFESSIONAL PSY	SPRINGFIELD

NEBRASKA

0012	CREIGHTON UNIV SCH OF MEDICINE	OMAHA
0085	UNIV OF NEBRASKA COLL OF MEDICINE	OMAHA

NEVADA

0086	UNIVERSITY OF NEVADO @ RENO	RENO
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NEW HAMPSHIRE

0013	DARTMOUTH MEDICAL SCH	HANOVER
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NEW JERSEY

0008	UMDNJ-NEW JERSEY MEDICAL SCHOOL	NEWARK
0009	UMDNJ-R.W. JOHNSON MEDICAL SCHOOL	PISCATAWAY

NEW MEXICO

0087	UNIVERSITY OF NEW MEXICO SCH OF MEDICINE	ALBUQUERQUE
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SCHOOLS OF ALLOPATHIC MEDICINE (MD)

NEW YORK

0001	ALBANY MEDICAL COLLEGE	ALBANY
0002	ALBERT EINSTEIN COLL OF MED OF YESHIVA UNIV	BRONX
0049	SUNY HLTH SCI CTR @ BROOKLYN/DOWNSTATE MED	BROOKLYN
0047	SUNY AT BUFFALO SCH OF MEDICINE	BUFFALO
0010	COLUMBIA UNIV COLL OF PHYSICIANS & SURGEONS	NEW YORK
0011	CORNELL UNIV MEDICAL COLL	NEW YORK
0037	MOUNT SINAI SCH OF MEDICINE OF CUNY	NEW YORK
0039	NEW YORK UNIV SCH OF MEDICINE	NEW YORK
0095	UNIV OF ROCHESTER SCH OF MEDICINE	ROCHESTER
0048	SUNY AT STONY BROOK HLTH SCI CTR SCH OF MED	STONY BROOK
0050	SUNY @ SYRACUSE/COLLEGE OF MEDICINE	SYRACUSE
0038	NEW YORK MEDICAL COLLEGE	VALHALLA

NORTH CAROLINA

0088	U OF N.C. @ CHAPEL HILL/SCH OF MED	CHAPEL HILL
0014	DUKE UNIV SCH OF MEDICINE	DURHAM
0134	EAST CAROLINA UNIV SCH OF MEDICINE	GREENVILLE
0005	WAKE FOREST UNIVERSITY SCH OF MEDICINE	WINSTON-SALEM

NORTH DAKOTA

0089	UNIV OF NORTH DAKOTA SCH OF MEDICINE	GRAND FORKS
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OHIO

0064	UNIV OF CINCINNATI COLL OF MEDICINE	CINCINNATI
0007	CASE WESTERN RESERVE UNIV SCH OF MEDICINE	CLEVELAND
0041	OHIO STATE UNIV SCH OF MEDICINE	COLUMBUS
0126	WRIGHT STATE UNIV SCH OF MEDICINE	DAYTON
0127	NORTHEASTERN OHIO UNIV COLL OF MED	ROOTSTOWN
0032	MEDICAL COLL OF OHIO AT TOLEDO	TOLEDO

OKLAHOMA

0090	UNIV OF OKLAHOMA COLL OF MEDICINE	OKLAHOMA CITY
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OREGON

0091	OREGON HEALTH SCIENCES UNIV/SCH OF MED	PORTLAND
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PENNSYLVANIA

3080	CLARION	CLARION
0042	PENNSYLVANIA STATE UNIV COLL OF MEDICINE	HERSHEY
0023	JEFFERSON MEDICAL COLLEGE	PHILADELPHIA
0033	MCP-HAHNEMANN UNIV/SCH OF MEDICINE	PHILADELPHIA
0051	TEMPLE UNIV SCH OF MEDICINE	PHILADELPHIA
0092	UNIV OF PENNSYLVANIA SCH OF MEDICINE	PHILADELPHIA
0093	UNIV OF PITTSBURGH SCH OF MEDICINE	PITTSBURGH

SCHOOLS OF ALLOPATHIC MEDICINE (MD)***PUERTO RICO***

0142	UNIVERSIDAD CENTRAL DEL CARIBE	BAYAMON
0136	PONCE SCHOOL OF MEDICINE	PONCE
0094	UNIV OF PUERTO RICO SCH OF MEDICINE	SAN JUAN

RHODE ISLAND

0006	BROWN UNIV PROGRAM IN MEDICAL SCI	PROVIDENCE
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SOUTH CAROLINA

0030	MED UNIV OF SOUTH CAROLINA COLL OF MEDICINE	CHARLESTON
0128	UNIV OF SOUTH CAROLINA SCH OF MED	COLUMBIA

SOUTH DAKOTA

0097	UNIV OF SOUTH DAKOTA SCH OF MEDICINE	SIOUX FALLS
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TENNESSEE

0135	EAST TENNESSEE STATE UNIV COLL OF MED	JOHNSON CITY
0100	UNIV OF TENNESSEE COLL OF MEDICINE	MEMPHIS
0035	MEHARRY MED COLL SCH OF MEDICINE	NASHVILLE
0110	VANDERBILT UNIV SCH OF MEDICINE	NASHVILLE

TEXAS

0129	TEXAS A & M UNIV COLL OF MEDICINE	COLLEGE STATION
0104	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCH	DALLAS
0101	UNIV OF TEXAS MED BRANCH AT GALVESTON	GALVESTON
0003	BAYLOR COLL OF MEDICINE	HOUSTON
0102	UNIV OF TEXAS MED SCH AT HOUSTON	HOUSTON
0052	TEXAS TECHNICAL UNIVERSITY SCH OF MEDICINE	LUBBOCK
0103	UNIV OF TEXAS MEDICAL SCH @ SAN ANTONIO	SAN ANTONIO

UTAH

0105	UNIV OF UTAH COLL OF MEDICINE	SALT LAKE CITY
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VERMONT

0106	UNIV OF VERMONT COLL OF MEDICINE	BURLINGTON
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VIRGINIA

0107	UNIV OF VIRGINIA SCH OF MEDICINE	CHARLOTTESVILLE
2892	EASTERN VIRGINIA MEDICAL SCHOOL	NORFOLK
0015	MEDICAL COLLEGE OF HAMPTON ROADS	NORFOLK
0111	VIRGINIA COMMONWEALTH UNIV MED COLL OF VA	RICHMOND

WASHINGTON

0108	UNIV OF WASHINGTON SCH OF MEDICINE	SEATTLE
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SCHOOLS OF ALLOPATHIC MEDICINE (MD)

WEST VIRGINIA

0130	MARSHALL UNIV SCH OF MEDICINE	HUNTINGTON
0114	WEST VIRGINIA UNIVERSITY SCH OF MEDICINE	MORGANTOWN

WISCONSIN

0109	UNIV OF WISCONSIN MEDICAL SCH	MADISON
0034	MEDICAL COLL OF WISCONSIN	MILWAUKEE

SCHOOLS OF OSTEOPATHIC MEDICINE (DO)**CALIFORNIA**

0138 WESTERN UNIVERSITY OF HEALTH SCIENCES POMONA

FLORIDA

0143 NOVA SOUTHEASTERN UNIV COLL OF OSTEO MED NORTH MIAMI BCH

ILLINOIS

0116 MIDWESTERN UNIV CHICAGO COLL OF OSTEO MED CHICAGO

IOWA

0117 DES MOINES UNIV-OSTEOPATHIC MED CENTER DES MOINES

MAINE

0137 UNIV OF NEW ENGLAND COLL OF OSTEOPATHIC MED BIDDEFORD

MICHIGAN

0121 MICHIGAN STATE UNIV COLL OF OSTEOPATHIC MED EAST LANSING

MISSOURI

0119 UNIV OF THE HLTH SCIENCES COLL OSTEO MED KANSAS CITY
0120 KIRKSVILLE COLL OF OSTEOPATHIC MEDICINE KIRKSVILLE

NEW JERSEY

0131 UNIV OF MED & DENT OF NJ-SCH OF OSTEO MED STRATFORD

NEW YORK

0132 NY COLL OF OSTEO MED OF NY INSTITUTE OF TECH OLD WESTBURY

OHIO

0125 UNIV COLL OF OSTEOPATHIC MEDICINE ATHENS

OKLAHOMA

0122 OKLAHOMA STATE UNIV/COLL OF OSTEO MED TULSA

PENNSYLVANIA

2988 LAKE ERIE COLLEGE OF OSTEO MED ERIE
0123 PHILADELPHIA COLL OF OSTEOPATHIC MEDICINE PHILADELPHIA

TEXAS

0124 UNIV OF NORTH TEXAS HLTH SCI CTR FORT WORTH

WEST VIRGINIA

0118 WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE LEWISBURG

SCHOOLS OF DENTISTRY (DD)**ALABAMA**

0178	UNIV OF ALABAMA @ BIRMINGHAM	BIRMINGHAM
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CALIFORNIA

0179	UNIV OF CALIFORNIA @ LOS ANGELES	LOS ANGELES
0201	UNIV OF SOUTHERN CALIF-SCH OF DENTISTRY	LOS ANGELES
0205	UNIVERSITY OF THE PACIFIC	SAN FRANCISCO

COLORADO

0181	UNIVERSITY OF COLORADO MEDICAL CENTER	DENVER
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CONNECTICUT

0182	UNIV OF CONNECTICUT SCH OF DENTAL MEDICINE	FARMINGTON
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DISTRICT OF COLUMBIA

0161	HOWARD UNIV COLLEGE OF DENTISTRY	WASHINGTON
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FLORIDA

0184	UNIV OF FLORIDA COLL OF DENTISTRY	GAINESVILLE
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GEORGIA

0167	MEDICAL COLL OF GEORGIA DENTAL SCH	AUGUSTA
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ILLINOIS

0171	NORTHWESTERN UNIV DENTAL SCH	CHICAGO
0185	UNIV OF ILLINOIS @ CHICAGO-COLL OF DENTISTRY	CHICAGO

IOWA

0186	UNIV OF IOWA COLLEGE OF DENTISTRY	IOWA CITY
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KENTUCKY

0187	UNIV OF KENTUCKY COLL OF DENTISTRY	LEXINGTON
0188	UNIV OF LOUISVILLE DENTAL SCH	LOUISVILLE

MASSACHUSETTS

0152	BOSTON UNIV DENTAL SCH	BOSTON
0160	HARVARD SCH OF DENTAL MED	BOSTON
0177	TUFTS UNIV DENTAL SCH	BOSTON

MICHIGAN

0183	UNIV OF DETROIT MERCY-SCH OF DENTISTRY	DETROIT
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MINNESOTA

0191	UNIV OF MINNESOTA DENTAL SCH	MINNEAPOLIS
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SCHOOLS OF DENTISTRY (DD)**MISSOURI**

0193	UNIV OF MISSOURI @ KANSAS CITY	KANSAS CITY
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NEBRASKA

0156	CREIGHTON UNIV DENTAL SCH	OMAHA
0194	UNIV OF NEBRASKA DENTAL SCH	OMAHA

NEW JERSEY

0154	UNIV OF MED AND DENT OF NJ DENTAL SCH	NEWARK
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NEW YORK

0174	STATE UNIV OF N.Y. @ BUFFALO	BUFFALO
0155	COLUMBIA UNIV DENTAL SCH	NEW YORK
0170	NEW YORK UNIVERSITY- COLL OF DENTISTRY	NEW YORK

NORTH CAROLINA

0195	UNIV OF NORTH CAROLINA DENTAL SCH	CHAPEL HILL
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OKLAHOMA

0196	UNIV OF OKLAHOMA DENTAL SCH	OKLAHOMA CITY
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OREGON

0197	OREGON HEALTH SCIENCES UNIV – DENTAL	PORTLAND
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PENNSYLVANIA

0176	TEMPLE UNIV DENTAL SCH	PHILADELPHIA
0198	UNIV OF PENNSYLVANIA DENTAL SCH	PHILADELPHIA
0199	UNIV OF PITTSBURGH DENTAL SCH	PITTSBURGH

PUERTO RICO

0200	UNIVERSITY OF PUERTO RICO MEDICAL SCIENCE	SAN JUAN
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SOUTH CAROLINA

0168	MED UNIV OF SOUTH CAROLINA DENTAL SCH	CHARLESTON
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TENNESSEE

0169	MEHARRY MED COLL DENTAL SCH	NASHVILLE
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TEXAS

0203	UNIV OF TX @ HOUSTON HLTH SCI CTR	HOUSTON
0204	UNIV OF TX HLTH SCI CTR @ SAN ANTONIO	SAN ANTONIO

WASHINGTON

0206	UNIV OF WASHINGTON SCH OF DENTISTRY	SEATTLE
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SCHOOLS OF DENTISTRY (DD)

WEST VIRGINIA

0209 WEST VIRGINIA UNIV DENTAL SCH

MORGANTOWN

WISCONSIN

0166 MARQUETTE UNIV-SCH OF DENTISTRY

MILWAUKEE

PROGRAMS FOR DENTAL HYGIENISTS (DH)**ALASKA**

2689 UNIVERSITY OF ALASKA ANCHORAGE ANCHORAGE

ARIZONA

2428 NORTHERN ARIZONA UNIV FLAGSTAFF
2681 PHOENIX COLLEGE PHOENIX
2021 APOLLO COLL TUCSON

ARKANSAS

1516 UNIV OF ARKANSAS LITTLE ROCK

CALIFORNIA

1724 FOOTHILL COLLEGE LOS ALTOS HILLS
1706 MONTEREY PENINSULA COLL MONTEREY
1770 SACRAMENTO CITY COLL SACRAMENTO
0251 RANCHO SANTIAGO COLL SANTA ANA

COLORADO

2257 UNIV OF COLORADO DENVER
1522 COLORADO NORTHWESTERN COMM COLL RANGELY

HAWAII

2816 UNIV OF HAWAII DEPT OF DENTAL HYGIENE HONOLULU

KANSAS

1946 HASKELL JUNIOR COLL LAWRENCE

MAINE

3117 UNIVERSITY COLLEGE OF BANGOR BANGOR
0379 UNIV OF MAINE ORONO
3178 UNIV OF NEW ENGLAND PORTLAND
2961 WESTBROOK COLLEGE PORTLAND

MASSACHUSETTS

2727 FORSYTH SCHOOL FOR DENTAL HYGIENISTS BOSTON

MINNESOTA

2419 UNIV OF MINNESOTA MINNEAPOLIS

NEW MEXICO

0679 UNIV OF NEW MEXICO ALBUQUERQUE
0252 NAVAJO COMMUNITY COLL SHIPROCK

PROGRAMS FOR DENTAL HYGIENISTS (DH)***NORTH CAROLINA***

2072	BUNCOMBE TECHNICAL COLL	ASHEVILLE
0680	UNIV OF NORTH CAROLINA CHAPEL HILL	CHAPEL HILL

NORTH DAKOTA

2785	NORTH DAKOTA COLLEGE OF SCIENCE	WAHPETON
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OKLAHOMA

0715	EAST CENTRAL OKLAHOMA STATE UNIV	ADA
2483	ROSE STATE COLL	CLAREMORE
0717	ROSE STATE COLL	MIDWEST CITY
0716	UNIV OF OKLAHOMA	NORMAN
2441	UNIV OF OKLAHOMA HLTH SCI CTR	OKLAHOMA CITY
0714	TULSA JUNIOR COLL	TULSA

OREGON

0681	LANE COMM COLL	EUGENE
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TEXAS

2781	BAYLOR COLLEGE/DENTISTRY	DALLAS
2986	UNIV-TX HEALTH SCI CENTER	SAN ANTONIO
3160	UNIVERSITY OF TX SAN ANTONIO	SAN ANTONIO

UTAH

0682	WEBER STATE COLL	OGDEN
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WASHINGTON

2713	GRAYS HARBOR COLLEGE	ABERDEEN
3083	EASTERN WASHINGTON UNIVERSITY	CHENEY
2760	PIERCE COLLEGE	TACOMA
0835	YAKIMA VALLEY COMMUNITY COLL	YAKIMA

WEST VIRGINIA

3188	WEST LIBERTY STATE COLLEGE	WEST LIBERTY
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PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)

ALABAMA

2990	SAMFORD UNIVERSITY	BIRMINGHAM
1635	UNIV OF ALABAMA IN BIRMINGHAM NURSE PRACTIT	BIRMINGHAM
2531	UNIV OF ALABAMA HUNTSVILLE COL OF NURS	HUNTSVILLE
2992	UNIVERSITY OF MOBILE	MOBILE
2873	UNIVERSITY OF SOUTH ALABAMA	MOBILE
2848	TROY STATE UNIVERSITY @ MONTGOMERY	MONTGOMERY
2852	TROY STATE UNIVERSITY @ PHENIX CITY	PHENIX CITY
2991	TROY STATE UNIVERSITY	TROY

ALASKA

2532	UNIV OF ALASKA COL OF NURS & HLTH SCI	ANCHORAGE
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ARIZONA

2993	NORTHERN ARIZONA UNIVERSITY	FLAGSTAFF
3100	UNIVERSITY OF PHOENIX	PHOENIX
1638	ARIZONA STATE UNIV COLL OF NURSING	TEMPE
1641	UNIV OF ARIZONA COLL OF NURSING	TUCSON

ARKANSAS

2975	ARKANSAS STATE UNIVERSITY	ARKANSAS
1644	UNIV OF ARKANSAS COLL OF NURSING	LITTLE ROCK
2955	ARKANSAS STATE UNIVERSITY	STATE UNIVERSITY

CALIFORNIA

2869	AZUSA PACIFIC UNIVERSITY	AZUSA
2933	CALIFORNIA STATE UNIVERSTIY, BAKERSFIELD	BAKERSFIELD
1658	UNIV OF CAL DAVIS SCH OF NURSING	DAVIS
1748	CAL STATE UNIV @ FRESNO	FRESNO
3143	UNIV OF PHOENIX @ SOUTHERN CALIF	GARDENA
2995	UNIVERSITY OF CALIFORNIA @ IRVINE	IRVINE
2589	UNIV OF CAL, SAN FRAN/SAN DIEGO	LA JOLLA
2842	LOMA LINDA UNIV NURSE PRACTITIONER PROG	LOMA LINDA
1650	CAL STATE UNIV @ LONG BEACH	LONG BEACH
1659	UNIV OF CAL LOS ANGELES NURSING	LOS ANGELES
2883	UNIVERSITY OF SOUTHERN CALIFORNIA	LOS ANGELES
2857	SAMUEL MERRITT COL NURSE PRACTIT PROG	OAKLAND
2870	STANFORD UNIV MED CTR	PALO ALTO
2533	SONOMA STATE UNIV DEPT OF NURSING	ROHNERT PARK
2822	UNIVERSITY OF CALIFORNIA-DAVIS	SACRAMENTO
3099	UNIVERSITY OF PHOENIX @ SACRAMENTO	SACRAMENTO
2534	UNIV OF SAN DIEGO HAHN SCH OF NURSING	SAN DIEGO
2893	SAN FRANCISCO STATE UNIVERSITY	SAN FRANCISCO
1662	UNIV OF CAL SAN FRANCISCO NURSING	SAN FRANCISCO
1773	UNIVERSITY OF SAN FRANCISCO	SAN FRANCISCO

PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)

COLORADO

3147	UNIV OF COLORADO @ COLORADO SPRINGS	COLORADO SPRINGS
2863	REGIS UNIVERSITY	DENVER
2966	REGIS UNIVERSITY	DENVER
1665	UNIV OF COLORADO HEALTH SCIENCES CENTER	DENVER
2994	UNIVERSITY OF NORTHERN COLORADO	GREELEY

CONNECTICUT

2903	SACRED HEART UNIV, DEPT OF NURS	FAIRFIELD
2996	SOUTHERN CONNECTICUT STATE UNIV	NEW HAVEN
1671	YALE UNIV SCH OF NURSING NURSE PRACT PROG	NEW HAVEN
3180	YALE UNIVERSITY SCHOOL OF NURSING	NEW HAVEN
2603	UNIV OF CONNECTICUT SCH OF NURSING	STORRS
2997	SAINT JOSEPH COLLEGE	WEST HARTFORD

DELAWARE

2934	WILMINGTON COLLEGE	NEW CASTLE
2850	UNIV OF DELAWARE NURSE PRACTIT PROG	NEWARK

DISTRICT OF COLUMBIA

1677	CATHOLIC UNIV OF AMERICA SCH OF NURSING	WASHINGTON
2535	GEORGETOWN UNIV SCH OF NURSING/NURSE PRACTIT	WASHINGTON
2537	HOWARD UNIVERSITY COLLEGE OF NURSING	WASHINGTON

FLORIDA

2904	FLORIDA ATLANTIC UNIV, COLL OF NURS	BOCA RATON
1680	UNIV OF FLORIDA @ GAINESVILLE NURSING	GAINESVILLE
2538	UNIV OF MIAMI SCH OF NURS NURSE PRACTITIONER	MIAMI
2905	BARRY UNIVERSITY, SCH OF NURS	MIAMI SHORES
3134	FLORIDA INTERNATIONAL UNIVERSITY	NORTH MIAMI
2962	FLORIDA INTERNATIONAL UNIVERSITY	NORTH MIAMI BEACH
2998	UNIVERSITY OF CENTRAL FLORIDA	ORLANDO
2835	FLORIDA STATE UNIV GRAD NURSG PRG/NURSE PRAC	TALLAHASSEE
2539	UNIV OF SOUTH FLORIDA COLL OF NURSING	TAMPA
2999	UNIVERSITY OF TAMPA	TAMPA

GEORGIA

2879	ALBANY STATE COLLEGE	ALBANY
1683	EMORY UNIV WOODRUFF SCH OF NURSING	ATLANTA
2540	GEORGIA STATE UNIV NURSE PRACTITIONER PROG	ATLANTA
2921	MEDICAL COLLEGE OF GEORGIA	AUGUSTA
3000	BRENAU UNIVERSITY	GAINESVILLE
2906	GEORGIA COLLEGE, SCH OF NURSING	MILLEDGEVILLE
2592	GEORGIA SOUTHERN COLL DEPT OF NURS/NP PROG	STATESBORO

HAWAII

2607	UNIV OF HAWAII @ MANOA/N.P. PROGRAM	HONOLULU
3037	UNIVERSITY OF PHOENIX @ HAWAII	HONOLULU

PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)**IDAHO**

2836	IDAHO STATE UNIV NURSING DEPT NURSE PRACTIT	POCATELLO
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ILLINOIS

3001	MENNONITE COLLEGE OF NURSING	BLOOMINGTON
3154	DEPAUL	CHICAGO
3078	LOYOLA UNIVERSITY COLLEGE	CHICAGO
1701	RUSH UNIVERSITY/COLL OF NURSING	CHICAGO
2820	ST XAVIER UNIV SCH OF NURS-NURSE PRACT	CHICAGO
1704	UNIV OF ILLINOIS COLL OF NURSING NURSE PRACT	CHICAGO
3002	NORTHERN ILLINOIS UNIVERSITY	DEKALB
2977	SOUTHERN ILLINOIS UNIV @ EDWARDSVILLE	EDWARDSVILLE

INDIANA

2935	UNIV OF SOUTHERN INDIANA	EVANSVILLE
3003	SAINT FRANCIS COLLEGE	FORT WAYNE
2881	PURDUE UNIVERSITY @ CALUMET	HAMOND
1707	INDIANA UNIV SCH OF NURSING	INDIANAPOLIS
3004	UNIVERSITY OF INDIANAPOLIS	INDIANAPOLIS
2855	INDIANA WESLEYAN UNIV NURSE PRACTITIONER	MARION
2907	BALL STATE UNIVERSITY SCH OF NURSING	MUNCIE
2899	INDIANA STATE UNIVERSITY	TERRE HAUTE
2936	VALPARAISO UNIVERSITY	VALPARAISO

IOWA

3127	DRAKE UNIVERSITY	DES MOINES
3118	GRACELAND COLLEGE	LAMONI

KANSAS

2895	FORT HAYS STATE UNIVERSITY	HAYS
2847	UNIVERSITY OF KANSAS SCHOOL OF NURSING	KANSAS CITY
3005	PITTSBURG STATE UNIVERSITY	PITTSBURG
2846	WICHITA STATE UNIV/SCH OF NURSING	WICHITA

KENTUCKY

3008	WESTERN KENTUCKY UNIVERSITY	BOLLING
2937	NORTHERN KENTUCKY UNIVERSITY	HIGHLAND HEIGHTS
1716	UNIV OF KENTUCKY COLLEGE OF NURSING	LEXINGTON
2840	SPALDING UNIVERSITY	LOUISVILLE
3007	MURRAY STATE UNIVERSITY	MURRAY
3006	EASTERN KENTUCKY UNIVERSITY	RAWLETTE

LOUISIANA

3101	LOUISIANA STATE UNIV MED CTR @ NEW ORLEANS	NEW ORLEANS
2541	NORTHWESTERN STATE UNIV NURSE PRACT PROGRAM	SHREVEPORT

PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)

MAINE

2939	HUSSON COLL/EASTERN MAINE MED CTR	BANGOR
2729	UNIVERSITY OF MAINE @ ORONO	ORONO
2900	UNIV OF SOUTHERN MAINE/NP PROGRAM	PORTLAND

MARYLAND

2849	JOHNS HOPKINS UNIV SCHOOL OF NURSING	BALITMORE
2601	UNIV OF MARYLAND SCH OF NURS/NURSE PRACT	BALTIMORE
3009	BOWIE STATE UNIVERSITY	BOWIE
3010	SALSBURY STATE UNIVERSITY	SALISBURY

MASSACHUSETTS

2821	UNIV OF MASS @ AMHERST SCH OF NURSING	AMHERST
2626	M.G.H. INST OF HLTH PROFESSIONS/NURSE PRACT	BOSTON
2545	NORTHEASTERN UNIV GRAD SCH OF NURS	BOSTON
2542	SIMMONS COLLEGE SCHOOL OF NURSING	BOSTON
2938	UNIV OF MASS @ BOSTON	BOSTON
1722	BOSTON COLL SCH OF NURSING	CHESTNUT HILL
2543	UNIV OF MASS AT LOWELL COLL OF HLTH PROF	LOWELL
3098	REGIS COLLEGE	WESTON
2544	UNIV OF MASSACHUSETTS-WORCHESTER	WORCESTER

MICHIGAN

2546	UNIV OF MICH SCH OF NURSING NURSE PRACT PRO	ANN ARBOR
3128	UNIVERSITY OF DETROIT MERCY	DETROIT
1739	MICH STATE UNIV COL OF NURSING NURSE PRACT	EAST LANSING
2882	NORTHERN MICHIGAN UNIVERSITY	MARQUETTE
3011	SAGINAW VALLEY STATE UNIVERSITY	UNIVERSITY CENTER

MINNESOTA

2901	COLLEGE OF SAINT SCHOLASTICA	DULUTH
3012	MANKATO STATE UNIVERSITY	MANKATO
1740	UNIV OF MINNESOTA SCH OF NURSING	MINNEAPOLIS
2839	WINONA STATE UNIV NURSE PRACTITIONER PROG	ROCHESTER

MISSISSIPPI

2940	DELTA STATE UNIVERSITY	CLEVELAND
2548	MISS UNIV FOR WOMEN NURSE PRACTIT PROG	COLUMBUS
2908	UNIV OF SOUTHERN MISSISSIPPI	HATTIESBURG
2834	UNIV OF MISS MED CTR SCHOOL OF NURSING	JACKSON
3013	ALCORN STATE UNIVERSITY	NATCHEZ

MISSOURI

1749	UNIV OF MISSOURI COLUMBIA SCH OF NURSING	COLUMBIA
2875	GRACELAND COLLEGE	INDEPENDENCE
1746	UNIV OF MISSOURI KANSAS CITY SCH OF NURS	KANSAS CITY
2909	SAINT LOUIS UNIV, SCH OF NURS	ST. LOUIS
2844	UNIV OF MISSOURI @ ST. LOUIS SCH OF NURSING	ST. LOUIS
3041	WEBSTER UNIVERSITY	ST. LOUIS

PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)**MONTANA**

2871	MONTANA STATE UNIV SCH OF NURSING	BOZEMAN
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NEBRASKA

2924	CLARKSON COLLEGE	OMAHA
2941	CREIGHTON UNIV/SCH OF NURSING	OMAHA
2824	UNIV OF NEBRASKA MED CTR COLL OF NURSING	OMAHA

NEVADA

2910	UNIV OF NEVADA @ LAS VEGAS	LAS VEGAS
2880	UNIVERSITY OF NEVADA @ RENO	RENO

NEW HAMPSHIRE

2829	UNIV OF NEW HAMPSHIRE DEPT OF NURSING	DURHAM
3015	RIVIER COLLEGE	NASHUA

NEW JERSEY

2942	COLLEGE OF NEW JERSEY	EWING
3016	FELICIAN COLLEGE	LODI
3017	RUTGERS, THE STATE UNIV OF N.J.	NEWARK
2898	UMDNJ-SCHOOL OF NURSING	NEWARK
1757	TRENTON STATE COLLEGE	TRENTON

NEW MEXICO

2606	UNIV OF NEW MEXICO COLL OF NURSING	ALBUQUERQUE
3144	UNIV OF PHOENIX @ NEW MEXICO CAMPUS	ALBUQUERQUE

NEW YORK

2550	SUNY AT BINGHAMTON DECKER SCH OF NURSING	BINGHAMTON
2912	SUNY HSC @ BROOKLYN, COLL OF NURSING	BROOKLYN
2872	D'YOUVILLE COLLEGE/SCH OF NURSING	BUFFALO
2567	SUNY AT BUFFALO SCH OF NURSING	BUFFALO
2925	ADELPHI UNIVERSITY	GARDEN CITY
2911	COLLEGE OF NEW ROCHELLE, SCH OF NURS	NEW ROCHELLE
1764	COLUMBIA UNIV SCH OF NURSING/NURSE PRACT	NEW YORK
3169	COLUMBIA UNIVERSITY/ETP PROGRAM	NEW YORK
2547	PACE UNIVERSITY @ NEW YORK CAMPUS	NEW YORK
3018	NIAGARA UNIVERSITY	NIAGARA UNIVERSITY
2549	PACE UNIV LIENHARD SCH OF NURSING	PLEASANTVILLE
1788	UNIV OF ROCHESTER SCH OF NURSING/NURSE PRACT	ROCHESTER
2943	WAGNER COLLEGE	STATEN ISLAND
1782	STATE UNIV OF NEW YORK @ STONY BROOK	STONY BROOK
3019	SUNY @ SYRACUSE	SYRACUSE
2845	RUSSELL SAGE COLLEGE, NURSE PRACT PROGRAM	TROY

PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)

NORTH CAROLINA

1791	UNIV OF NORTH CAROLINA @ CHAPEL HILL	CHAPEL HILL
3020	UNIV OF NORTH CAROLINA @ CHARLOTTE	CHARLOTTE
2896	DUKE UNIVERSITY/SCH OF NURSING	DURHAM
3014	EAST CAROLINA UNIVERSITY	GREENVILLE

NORTH DAKOTA

2877	UNIV OF MARY/DIVISION OF NURSING	BISMARCK
1692	UNIV OF NORTH DAKOTA/COLL OF NURSING	GRAND FORKS
2552	MINOT STATE UNIVERSITY	MINOT

OHIO

2553	UNIV OF CINCINNATI COL OF NURS & HLTH	CINCINNATI
2597	CASE WESTERN RESERVE UNIV/SCH OF NURSING	CLEVELAND
3177	OHIO STATE UNIVERSITY COLL OF NURSING	COLUMBUS
2914	WRIGHT STATE UNIV, SCH OF NURS	DAYTON
2913	MEDICAL COLLEGE OF OHIO, SCH OF NURS	TOLEDO
2876	OTTERBEIN COLLEGE	WESTERVILLE

OKLAHOMA

2758	UNIV OF OKLAHOMA COLL OF NURSING/N.P. PROG	OKLAHOMA CITY
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OREGON

2554	OREGON HLTH SCI UNIV SCH OF NURSING	PORTLAND
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PENNSYLVANIA

2556	ALLENTOWN COLLEGE OF ST. FRANCES DE SALE	CENTER VALLEY
2917	WIDENER UNIVERSITY, SCH OF NURS	CHESTER
3081	CLARION	CLARION
2915	COLLEGE MISERICORDIA, DIV OF NURS	DALLAS
3024	EDINBORO UNIVERSITY	EDINBORO
3119	GANNON UNIVERSITY	ERIE
3120	GWYNEED	GWYNEED
2944	MILLERSVILLE UNIVERSITY	MILLERSVILLE
3021	ALLEGHENY UNIV OF THE HLTH SCIENCES	PHILADELPHIA
2916	THOMAS JEFFERSON UNIV, DEPT OF NURS	PHILADELPHIA
1815	UNIV OF PENNSYLVANIA SCH OF NURSING	PHILADELPHIA
3042	ALLEGHENY (HAHNEMANN)UNIVERSITY	PHILADELPHIA
2945	LA ROCHE COLLEGE	PITTSBURGH
3022	CARLOW COLLEGE	PITTSBURGH
3187	DUQUESNE UNIVERSITY SCHOOL OF NURSING	PITTSBURGH
2557	UNIV OF PITTSBURGH SCH OF NURSING	PITTSBURGH
3025	UNIVERSITY OF SCRANTON	SCRANTON
3023	CLARION UNIV/SLIPPERY ROCK UNIV	SLIPPERY ROCK
2946	PENN STATE UNIVERSITY	UNIVERSITY PARK

RHODE ISLAND

1820	UNIV OF RHODE ISLAND COLL OF NURSING	KINGSTON
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PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)***SOUTH CAROLINA***

2932	MEDICAL UNIV OF SOUTH CAROLINA	CHARLESTON
3030	CLEMSON UNIVERSITY	CLEMSON
1822	UNIV OF SOUTH CAROLINA COLUMBIA NURSE PRACT	COLUMBIA

SOUTH DAKOTA

2558	SOUTH DAKOTA STATE UNIV COLL OF NURSING	BROOKINGS
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TENNESSEE

3032	UNIV OF TENNESSEE-CHATTANOOGA	CHATTANOOGA
2841	EAST TENN STATE UNIV/COLLEGE OF NURSING	JOHNSON CITY
1823	UNIV OF TENNESSEE KNOXVILLE NURSE PRACT	KNOXVILLE
2493	UNIV OF TENNESSEE-MEMPHIS/SCH OF NURSING	MEMPHIS
3026	BELMONT UNIVERSITY	NASHVILLE
3031	TENNESSEE STATE UNIV/SCH OF NURSING	NASHVILLE
1824	VANDERBILT UNIVERSITY SCHOOL OF NURSING	NASHVILLE

TEXAS

3109	ABILENE INTERCOLLEGIATE SCHOOL OF NURSING	ABILENE
1830	UNIV OF TEXAS AT ARLINGTON SCH OF NURSING	ARLINGTON
2827	UNIV OF TEXAS @ AUSTIN/SCH OF NURS/N.P. PROG	AUSTIN
2856	WEST TEXAS STATE UNIV/DIV OF NURSING	CANYON
2559	TEXAS A&M UNIV @ CORPUS CHRISTI	CORPUS CHRISTI
1827	TEXAS WOMAN'S UNIV COLL OF NURSING	DENTON
2926	UNIV OF TEXAS AT EL PASO	EL PASO
2563	UNIV OF TEXAS MEDICAL BRANCH	GALVESTON
2561	U OF TX HLTH SCI CTR @ HOUSTON/SCH OF NURS	HOUSTON
2843	TEXAS TECH UNIV HLTH SCI CTR/N.P. PROG	LUBBOCK
2562	UNIV OF TEXAS HLTH SCI CTR @ SAN ANTONIO	SAN ANTONIO
3027	UNIV OF TEXAS @ TYLER/DIV OF NURSING	TYLER
2851	MIDWESTERN STATE UNIV NURSE PRACTIT PROG	WICHITA FALLS

UTAH

2492	BRIGHAM YOUNG UNIV NURSE PRACTIT PROG	PROVO
1848	UNIV OF UTAH COLL OF NURSING	SALT LAKE CITY
3033	WESTMINSTER COLLEGE	SALT LAKE CITY

VERMONT

3135	UNIVERSITY OF VERMONT	BURLINGTON
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VIRGINIA

2868	MARYMOUNT UNIVERSITY	ARLINGTON
1851	UNIV OF VIRGINIA SCH OF NURSING	CHARLOTTESVILLE
2564	GEORGE MASON UNIV SCH OF NURSING	FAIRFAX
2598	HAMPTON UNIV SCH OF NURSING P-M CERTIFICATE	HAMPTON
2565	OLD DOMINION UNIV SCH OF NURS/NURSE PRACT	NORFOLK
1854	VIRGINIA COMMONWEALTH UNIV SCH OF NURSING	RICHMOND
3034	SHENANDOAH UNIVERSITY	WINCHESTER

PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)**WASHINGTON**

3028	SAINT MARTIN'S COLLEGE	LACEY
2854	SEATTLE PACIFIC UNIVERSITY	SEATTLE
3139	SEATTLE UNIVERSITY SCH OF NURSING	SEATTLE
1857	UNIV OF WASHINGTON SCH OF NURSING	SEATTLE
2866	GONZAGA UNIV-DEPT OF NURSING	SPOKANE
2969	GONZAGA UNIVERSITY	SPOKANE
2959	INTERCOLLEGIATE CTR FOR NURS EDUC	SPOKANE
2927	WASHINGTON STATE UNIV	SPOKANE
2853	PACIFIC LUTHERAN UNIV/SCH OF NURSING	TACOMA

WEST VIRGINIA

2605	MARSHALL UNIVERSITY SCH OF NURSING	HUNTINGTON
2918	WEST VIRGINIA UNIVERSITY	MORGANTOWN
3129	WHEELING JESUIT UNIVERSITY	WHEELING

WISCONSIN

2919	UNIV OF WISCONSIN @ EAU CLAIRE SCH OF NURS	EAU CLAIRE
1863	UNIV OF WISCONSIN MADISON SCH OF NURSING	MADISON
3029	CONCORDIA UNIVERSITY	MEQUON
2963	PLANNED PARENTHOOD WOMEN HLTH NP PROG	MILWAUKEE
2897	UNIV OF WISCONSIN @ MILWAUKEE SCH OF NURS	MILWAUKEE
1866	UNIV OF WISCONSIN OSHKOSH SCH OF NURSING	OSHKOSH

WYOMING

2566	UNIV OF WYOMING SCH OF NURS/NURSE PRACT	LARAMIE
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PROGRAMS FOR NURSE-MIDWIFERY (NM & NMC)***CALIFORNIA***

3138	EDUCATION PROGRAM ASSOC/BACC DEGREE	CAMPBELL
2971	EDUCATION PROGRAM ASSOC/CERTIFICATE	CAMPBELL
2507	UNIV OF CALIF SAN DIEGO NURSE MIDWIFERY	LA JOLLA
2585	CHARLES R DREW UNI OF MED & SCI NURS MIDWIFE	LOS ANGELES
3096	CHARLES R. DREW UNIV OF MED & SCI	LOS ANGELES
2929	UNIV OF CALIFORNIA @ LOS ANGELES	LOS ANGELES
3045	UNIV OF CALIF @ SAN FRAN/SCHOOL OF NURSING	SAN FRANCISCO

COLORADO

1619	UNIV OF COLORADO SCH OF NURSING	DENVER
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CONNECTICUT

1614	YALE UNIV SCH OF NURSING	NEW HAVEN
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DISTRICT OF COLUMBIA

1621	GEORGETOWN UNIV SCH OF NURSING	WASHINGTON
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FLORIDA

2494	UNIV OF MIAMI NURSE MIDWIFERY	CORAL GABLES
2508	UNIV OF FLORIDA HLTH SCI CTR COLL OF NURSING	JACKSONVILLE

GEORGIA

1618	EMORY UNIV WOODRUFF SCH OF NURSING (MIDWIFE)	ATLANTA
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ILLINOIS

1617	UNIV OF ILLINOIS @ CHICAGO	CHICAGO
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KENTUCKY

2928	*FRONTIER SCH OF MIDWIFERY & FAM NURSING	HYDEN
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MASSACHUSETTS

2756	BOSTON UNIV SCH OF PUB HLTH NURSE MIDWIFERY	BOSTON
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MICHIGAN

2509	UNIV OF MICH SCH OF NURSING NURSE MIDWIFERY	ANN ARBOR
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MINNESOTA

1624	UNIV OF MINNESOTA SCH OF NURSING (MIDWIFERY)	MINNEAPOLIS
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MISSOURI

1626	UNIVERSITY OF MISSOURI @ COLUMBIA	COLUMBIA
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PROGRAMS FOR NURSE-MIDWIFERY (NM & NMC)**NEW JERSEY**

2888 *UNIV OF MED & DENT OF NEW JERSEY NEWARK

NEW MEXICO

2510 UNIV OF NEW MEXICO COLL OF NURSING ALBUQUERQUE

NEW YORK

2887 *SUNY HEALTH SCIENCE CENTER @ BROOKLYN BROOKLYN
3044 SUNY HSC AT BROOKLYN, COL OF NURSING BROOKLYN
1629 COLUMBIA UNIV SCH OF NURSING/MIDWIFERY NEW YORK
3170 COLUMBIA UNIV/ETP PROGRAM NEW YORK
3179 COLUMBIA UNIVERSITY SCHOOL OF NURSING NEW YORK
2865 NEW YORK UNIV/N.M. EDU PROGRAM NEW YORK
3097 STATE UNIVERSITY OF NEW YORK @ STONY BROOK STONY BROOK

NORTH CAROLINA

2838 EAST CAROLINA UNIV/SCH OF NURSING GREENVILLE

OHIO

3176 UNIVERSITY OF CINCINNATI CINCINNATI
2504 CASE WESTERN RESERVE UNIV NURSE-MIDWIFERY CLEVELAND
3175 OHIO STATE UNIVERSITY COLUMBUS

OREGON

2505 OREGON HEALTH SCIENCES UNIV SCH OF NURS PORTLAND

PENNSYLVANIA

1630 UNIV OF PENNSYLVANIA SCH OF NURSING PHILADELPHIA

RHODE ISLAND

2890 UNIVERSITY OF RHODE ISLAND KINGSTON

SOUTH CAROLINA

1622 MED UNIV OF SOUTH CAROLINA NURSE MIDWIFERY CHARLESTON

TENNESSEE

2984 VANDERBILT NASHVILLE
3094 VANDERBILT UNIV/SCH OF NURS/N.M. PROG NASHVILLE

TEXAS

2930 *PARKLAND SCH OF NUR/UNIV OF TX SWMC DALLAS
2837 UNIV OF TEXAS @ EL PASO NURSE-MIDWIFERY EL PASO
2983 UNIV OF TX MED BRANCH @ GALVESTON GALVESTON
3095 BAYLOR COLL OF MED/N.M. PROG HOUSTON

PROGRAMS FOR NURSE-MIDWIFERY (NM & NMC)

UTAH

1632 UNIV OF UTAH COLL OF NURSING

SALT LAKE CITY

WASHINGTON

2981 UNIVERSITY OF WASHINGTON

SEATTLE

WISCONSIN

2982 MARQUETTE UNIV/COLL OF NURSING

MILWAUKEE

PROGRAMS FOR PHYSICIAN ASSISTANT (PA & PC)**ALABAMA**

3055 UNIVERSITY OF SOUTH ALABAMA MOBILE

ALASKA

0698 ANCHORAGE COMMUNITY COLL ANCHORAGE

ARIZONA

3148 **MIDWESTERN UNIVERSITY @ GLENDALE CAMPUS GLENDALE
2950 ARIZONA SCHOOL OF HEALTH SCIENCES PHOENIX

CALIFORNIA

1772 CAL STATE UNIV DOMINQUEZ HILLS LOS ANGELES
2573 CHARLES R. DREW UNIV OF MED & SCIENCE LOS ANGELES
2511 UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES
3161 **RIVERSIDE COMMUNITY COLLEGE MORENO VALLEY
3162 **SAMUEL MERRITT COLLEGE OAKLAND
1719 STANFORD UNIV/FOOTHILL COLLEGE PALO ALTO
2527 WESTERN UNIVERSITY OF HEALTH SCIENCES POMONA
1918 UNIVERSITY OF CALIFORNIA-DAVIS SACRAMENTO
3203 **LOMA LINDA UNIVERSITY LOMA LINDA

COLORADO

1670 UNIV OF COL SCH OF MED PHY ASST PRG DENVER
3131 **RED ROCK COMMUNITY COLLEGE WHEAT RIDGE

CONNECTICUT

2923 QUINNIPIAC COLLEGE HAMDEN
2512 YALE UNIV SCH OF MED PHY ASST PROG NEW HAVEN

DISTRICT OF COLUMBIA

2513 GEORGE WASHINGTON UNIVERSITY WASHINGTON
2514 HOWARD UNIV COLL OF ALLIED HLTH SCI WASHINGTON

FLORIDA

2515 UNIVERSITY OF FLORIDA GAINESVILLE
1660 MIAMI DADE COMMUNITY COLLEGE MIAMI
3088 BARRY UNIVERSITY MIAMI SHORES
2858 NOVA SOUTHEASTERN UNIV PHY ASST PROG NORTH MIAMI BEACH

GEORGIA

2516 EMORY UNIV SCH OF MEDICINE PHY ASST PROG ATLANTA
2517 MEDICAL COLL OF GA PHY ASST PROG AUGUSTA
3056 SOUTH COLLEGE SAVANNAH

IDAHO

2979 IDAHO STATE UNIVERSITY POCA TELLO

PROGRAMS FOR PHYSICIAN ASSISTANTS (PA & PC)**ILLINOIS**

3057	SOUTHERN ILLINOIS UNIV-CARBONDALE	CARBONDALE
2574	COOK COUNTY HOSP/MALCOLM X COLLEGE	CHICAGO
2825	MIDWESTERN UNIVERSITY	DOWNERS GROVE
2826	FINCH UNIV OF HLTH SCI/CHICAGO MED SCH	NORTH CHICAGO

INDIANA

2980	UNIVERSITY OF SAINT FRANCIS	FORT WAYNE
2948	BUTLER UNIV/METHODIST HOSP	INDIANAPOLIS

IOWA

1637	DES MOINES UNIVERSITY	DES MOINES
2615	UNIV OF IOWA PHYS ASST PROGRAM	IOWA CITY

KANSAS

1853	WICHITA STATE UNIV/COLL OF HLTH PROFESSIONS	WICHITA
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KENTUCKY

1569	UNIV OF KENTUCKY PHY ASST PROG	LEXINGTON
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LOUISIANA

2947	LOUISIANA STATE UNIV MED CTR	SHREVEPORT
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MAINE

3059	UNIVERSITY OF NEW ENGLAND	BIDDEFORD
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MARYLAND

3058	ANNE ARUNDEL COMMUNITY COLLEGE	ARNOLD
2575	COMMUNITY COLL OF BALTIMORE COUNTY-ESSEX	BALTIMORE

MASSACHUSETTS

2519	MASSACHUSETTS COLLEGE OF PHARMACY, BOSTON	BOSTON
2528	NORTHEASTERN UNIV PHY ASST PROG	BOSTON
2949	SPRINGFIELD COLLEGE/BACHELORS PROGRAM	SPRINGFIELD
3196	SPRINGFIELD COLLEGE/CERTIFICATE PROGRAM	SPRINGFIELD

MICHIGAN

3048	GRAND VALLEY STATE UNIVERSITY	ALLENDALE
2529	UNIVERSITY OF DETROIT MERCY	DETROIT
3061	WAYNE STATE UNIVERSITY	DETROIT
1867	WESTERN MICHIGAN UNIV PHY ASST PROG	KALAMAZOO
3060	CENTRAL MICHIGAN UNIVERSITY	MOUNT PLEASANT

PROGRAMS FOR PHYSICIAN ASSISTANTS (PA & PC)**MINNESOTA**

2886 AUGSBURG COLLEGE

MINNEAPOLIS

MISSOURI

3172 **SOUTHWEST MISSOURI STATE UNIVERSITY

SPRINGFIELD

2526 ST. LOUIS UNIV-CERT/BACHELORS PROG

ST. LOUIS

3197 ST. LOUIS UNIV-MASTERS PROGRAM

ST. LOUIS

MONTANA

3062 ROCKY MOUNTAIN COLLEGE

BILLINGS

2753 MONTANA STATE UNIVERSITY

BOZEMAN

NEBRASKA

3063 UNION COLLEGE

LINCOLN

2101 UNIV OF NEBRASKA PHYSICIAN ASSISTANT PROGRAM

OMAHA

NEW HAMPSHIRE

3132 **NOTRE DAME COLLEGE

MANCHESTER

NEW JERSEY

2978 SETON HALL UNIV-UMDNJ-MASTERS PROGRAM

NEWARK

2525 RUTGERS UNIV/UNIV OF MED & DENT OF N.J.

PISCATAWAY

NEW MEXICO

3064 UNIVERSITY OF NEW MEXICO SCH OF MEDICINE

ALBUQUERQUE

3204 **UNIVERSITY OF ST. FRANCIS

ALBUQUERQUE

NEW YORK

2570 ALBANY MED COLL & HUDSON VALLEY COM COL

ALBANY

3049 DAEMEN COLLEGE/BACHELORS PROGRAM

AMHERST

3198 DAEMEN COLLEGE/MASTERS PROGRAM

AMHERST

2578 TOURO COLLEGE SCH OF HEALTH SCIENCES

BAYSHORE

2931 BRONX LEBANON HOSPITAL CENTER

BRONX

2571 BROOKLYN HOSP CTR/LONG ISLAND UNIV

BROOKLYN

2830 STATE UNIV OF N.Y. HLTH SCI CTR @ BROOKLYN

BROOKLYN

2862 D'YOUVILLE COLLEGE/P.A. PROGRAM

BUFFALO

3163 **MERCY COLLEGE

DOBBS FERRY

2922 CATHOLIC MED CTR OF BROOKLYN & QUEENS

FRESH MEADOWS

3164 **TOURO COLLEGE

NEW YORK

2577 CITY UNIV OF N.Y. & HARLEM HOSPITAL CTR

NEW YORK

2633 CORNELL UNIVERSITY MEDICAL COLLEGE

NEW YORK

3194 PACE UNIVERSITY

NEW YORK

3173 **NEW YORK INSTITUTE OF TECHNOLOGY

OLD WESTBURY

2867 ROCHESTER INSTITUTE OF TECHNOLOGY

ROCHESTER

2576 SISTERS OF CHARITY MED CTR/BAYLEY SETON

STATEN ISLAND

3065 WAGNER COLLEGE/STATEN ISLAND UNIV HOSP

STATEN ISLAND

2572 STATE UNIVERSITY OF NEW YORK @ STONY BROOK

STONY BROOK

3066 LE MOYNE COLLEGE

SYRACUSE

PROGRAMS FOR PHYSICIAN ASSISTANTS (PA & PC)

NORTH CAROLINA

2518	DUKE UNIV MED CTR PHY ASST PRG	DURHAM
3067	METHODIST COLLEGE	FAYETTEVILLE
3068	EAST CAROLINA UNIVERSITY	GREENVILLE
2099	WAKE FOREST UNIV SCH OF MEDICINE	WINSTON-SALEM

OHIO

3195	UNIVERSITY OF FINDLAY	FINDLAY
1565	KETTERING COLL OF MED ARTS/BACHELOR PA PROG	KETTERING
3158	KETTERING COLL OF MED ARTS/CERTIFICATE PROG	KETTERING
2579	CUYAHOGA COMM COLL PRY ASST PROG	PARMA
3069	MEDICAL COLLEGE OF OHIO	TOLEDO

OKLAHOMA

1718	UNIV OF OKLAHOMA HLTH SCI CTR/PA PROG	OKLAHOMA CITY
2228	BRIAN INSTITUTE	TULSA

OREGON

3070	PACIFIC UNIVERSITY	FOREST GROVE
2957	OREGON HLTH SCI UNIV PA PROG	PORTLAND

PENNSYLVANIA

3073	ALLENTOWN COLLEGE OF ST. FRANCIS DE SALES	CENTER VALLEY
3079	CLARION UNIVERSITY	CLARION
2580	GANNON UNIVERSITY P.A. PROGRAM	ERIE
3071	BEAVER COLLEGE	GLENSIDE
3074	SETON HILL COLLEGE	GREENSBURG
3050	LOCK HAVEN UNIVERSITY	LOCK HAVEN
2582	SAINT FRANCIS COLL PHY ASST PROG	LORETTO
3130	**PHILADELPHIA COLLEGE OF OSTEO MEDICINE	PHILADELPHIA
1780	MCP-HAHNEMANN UNIVERSITY	PHILADELPHIA
2958	PHILADELPHIA UNIVERSITY	PHILADELPHIA
3116	ALLEGHENY UNIVERSITY	PHILADELPHIA
2989	CHATHAM COLLEGE	PITTSBURGH
2634	DUQUESNE UNIV-RANGOS SCH OF HLTH SCI-P.A.	PITTSBURGH
2102	MARYWOOD UNIVERSITY	SCRANTON
2581	KING'S COLL PHY ASST PROG	WILKES-BARRE
3072	PENNSYLVANIA COLLEGE OF TECHNOLOGY	WILLIAMSPORT

SOUTH CAROLINA

2891	MEDICAL UNIVERSITY OF SOUTH CAROLINA	CHARLESTON
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SOUTH DAKOTA

2920	UNIVERSITY OF SOUTH DAKOTA	VERMILLION
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TENNESSEE

2583	TREVECCA NAZARENE COLL PHY ASST PROG	NASHVILLE
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PROGRAMS FOR PHYSICIAN ASSISTANTS (PA & PC)**TEXAS**

2522	UNIV OF TEXAS SW MED CTR PHY ASST PROG	DALLAS
3174	**UNIVERSITY OF TEXAS-PAN AMERICAN	EDINBURG
3075	UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CTR	FORT WORTH
2521	UNIV OF TEXAS MED BRANCH PRY ASST PROG	GALVESTON
2520	BAYLOR COLL OF MEDICINE PHY ASST PROG	HOUSTON
3165	**TEXAS TECH UNIV HLTH SCI CTR	MIDLAND
3043	UNIVERSITY OF TX SAN ANTONIO	SAN ANTONIO
3205	**UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER	SAN ANTONIO

UTAH

2523	UNIVERSITY OF UTAH SCHOOL OF MEDICINE	SALT LAKE CITY
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VIRGINIA

3166	**JAMES MADISON UNIVERSITY	HARRISONBURG
3133	**EASTERN VIRGINIA MEDICAL SCHOOL	NORFOLK
3076	THE COLLEGE OF HEALTH SCIENCES	ROANOKE

WASHINGTON

0699	UNIVERSITY OF WASHINGTON/MEDEX NORTHWEST	SEATTLE
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WEST VIRGINIA

2889	THE COLLEGE OF WEST VIRGINIA	BECKLEY
2530	ALDERSON-BROADDUS COLLEGE	PHILIPPI

WISCONSIN

2960	UNIV OF WISCONSIN-LACROSSE	LACROSSE
2524	UNIV OF WISCONSIN-MADISON-PSY ASST PROG	MADISON
3089	MARQUETTE UNIVERSITY	MILWAUKEE

PROGRAMS FOR CLINICAL PSYCHOLOGISTS (CP)

ARIZONA

1865	NORTHERN ARIZONA UNIV	FLAGSTAFF
2662	UNIVERSITY OF ARIZONA	TUCSON

ARKANSAS

3090	UNIVERSITY OF ARKANSAS	FAYETTEVILLE
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CALIFORNIA

3185	WRIGHT UNIVERSITY	BERKELEY
3040	UNIV CA/SAN DIEGO STATE UNIV	LAJOLLA
2137	CALIFORNIA SCH OF PROFESSIONAL PSYCHOLOGY	LOS ANGELES
2797	FULLER THEOLOGICAL SEMINARY	PASADENA
3152	THE FIELDING INSTITUTE	SANTA BARBARA

COLORADO

2798	UNIVERSITY OF COLORADO	DENVER
2976	UNIVERSITY OF DENVER	DENVER
2818	COLORADO STATE UNIVERSITY	FORT COLLINS

DISTRICT OF COLUMBIA

2643	GEORGE WASHINGTON UNIVERSITY	WASHINGTON
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FLORIDA

3046	NOVA SOUTHEASTERN UNIVERSITY	FT. LAUDERDALE
3123	UNIVERSITY OF FLORIDA	GAINESVILLE
2952	FLORIDA INSTITUTE OF TECH	MELBOURNE

GEORGIA

3036	GEORGIA SCH OF PROFESSIONAL PSYCHOLOGY	ATLANTA
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HAWAII

3035	AMERICAN SCH OF PROFESSIONAL PSYCHOLOGY	HONOLULU
2815	UNIV OF HAWAII DEPT OF PSYCHOLOGY	HONOLULU

ILLINOIS

3167	SOUTHERN IL UNIV-CARBONDALE	CARBONDALE
3191	CHICAGO SCHOOL OF PROFESSIONAL PSY	CHICAGO
1577	ILLINOIS SCHOOL OF PROF PSYCHOLOGY	CHICAGO
3087	NORTHWESTERN UNIVERSITY	CHICAGO

INDIANA

3149	BALL STATE UNIVERSITY	MUNCIE
2951	INDIANA STATE UNIVERSITY	TERRA HAUTE

PROGRAMS FOR CLINICAL PSYCHOLOGISTS (CP)

IOWA

3104	UNIVERSITY OF IOWA	IOWA CITY
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MASSACHUSETTS

3112	UNIV OF MASSACHUSETTS	AMHERST
2953	MASSACHUSETTS SCHOOL OF PSYCHOLOGY	WEST ROXBURY

MICHIGAN

3190	ANDREWS UNIVERSITY	BERRIEN SPRING
3106	CENTRAL MICHIGAN UNIVERSITY	MT. PLEASANT

MINNESOTA

0773	UNIV OF MINNESOTA	DULUTH
3092	MANKATO STATE UNIVERSITY	MANKATO
2796	MN SCHOOL OF PROFESSIONAL PSYCHOLOGY	MINNEAPOLIS

MISSOURI

2967	UNIVERSITY OF MISSOURI	COLUMBIA
3091	FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY	SPRINGFIELD

NEBRASKA

2092	UNIV OF NEBRASKA LINCOLN	LINCOLN
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NEW HAMPSHIRE

3125	ANTIOCH/ NEW ENGLAND	KEENE
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NEW MEXICO

2708	WESTERN NEW MEXICO UNIVERSITY	SILVER CITY
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NEW YORK

3155	YESHIVA UNIV FERKAUF GRAD SCH OF PSY	BRONX
3047	HOFSTRA	LONG ISLAND

NORTH DAKOTA

3102	UNIVERSITY OF NORTH DAKOTA	GRAND FORKS
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OHIO

2965	THE UNION INSTITUTE	CINCINNATI
3114	UNIVERSITY OF CINCINNATI	CINCINNATI
2956	WRIGHT STATE UNIVERSITY	DAYTON

PROGRAMS FOR CLINICAL PSYCHOLOGISTS (CP)

OKLAHOMA

3153	UNIVERSITY OF OKLAHOMA	NORMAN
3121	OKLAHOMA STATE UNIVERSITY	STILLWATER
3136	UNIV OF TULSA	TULSA

OREGON

2985	PACIFIC UNIVERSITY SCHOOL OF PSY	FOREST GROVE
3052	GEORGE FOX UNIVERSITY	NEWBERG

PENNSYLVANIA

3113	INDIANA UNIV OF PENNSYLVANIA	INDIANA
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SOUTH DAKOTA

1868	UNIV OF SOUTH DAKOTA	VERMILLION
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TENNESSEE

3111	UNIVERSITY OF TENNESSEE	KNOXVILLE
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TEXAS

3077	UNIVERSITY OF TEXAS AT AUSTIN	AUSTIN
2954	UNIVERSITY OF TEXAS AT GALVESTON	GALVESTON
3053	OUR LADY OF THE LAKE	SAN ANTONIO
2987	BAYLOR UNIVERSITY	WACO

UTAH

1525	UTAH STATE UNIV	LOGAN
3086	BRIGHAM YOUNG UNIVERSITY	PROVO
3192	BRIGHAM YOUNG UNIVERSITY	PROVO

WASHINGTON

1856	WASHINGTON STATE UNIV DEPT OF PSYCH	PULLMAN
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WISCONSIN

3038	UNIVERSITY OF WISCONSIN	MADISON
3150	MARQUETTE UNIVERSITY	MILWAUKEE
3051	WISCONSIN SCHOOL OF PROFESSIONAL PSY	MILWAUKEE

WYOMING

3054	UNIVERSITY OF WYOMING	LARAMIE
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PROGRAMS FOR SOCIAL WORKERS (SW)**ALABAMA**

1917	UNIV OF ALABAMA SCH OF SOC WORK	TUSCALOOSA
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ARIZONA

1920	ARIZONA STATE UNIV	TEMPE
2266	UNIVERSITY OF ARIZONA	TUCSON

ARKANSAS

1923	UNIV OF ARKANSAS	LITTLE ROCK
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CALIFORNIA

1941	UNIV OF CAL BERKELEY SCH OF SOC WELFARE	BERKELEY
1926	CAL STATE UNIV FRESNO SCH OF SOC WORK	FRESNO
1944	UNIV OF CAL LOS ANGELES SCH OF SOC WORK	LOS ANGELES
1947	UNIV OF SOUTHERN CAL SCH OF SOC WORK	LOS ANGELES
1929	CAL STATE UNIV SACRAMENTO SOC WORK	SACRAMENTO
1935	SAN DIEGO STATE SCH OF SOC WORK	SAN DIEGO
1936	SAN FRANCISCO STATE UNIV SCH OF SOC WELFARE	SAN FRANCISCO
1932	CAL STATE UNIV OF SAN JOSE SOC WORK	SAN JOSE

COLORADO

1950	UNIV OF DENVER SCH OF SOC WORK	DENVER
2641	COLORADO STATE UNIVERSITY	FORT COLLINS

CONNECTICUT

1953	UNIV OF CONNECTICUT HARTFORD SCH OF SOC WORK	WEST HARTFORD
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DISTRICT OF COLUMBIA

1956	CATHOLIC UNIV OF AMERICA SOCIAL SERVICE	WASHINGTON
1959	HOWARD UNIV SCH OF SOC WORK	WASHINGTON

FLORIDA

1962	BARRY COLL SCH OF SOC WORK	MIAMI SHORES
1965	FLORIDA STATE UNIV SCH OF SOC WORK	TALLAHASSEE

GEORGIA

1971	UNIV OF GEORGIA SCH OF SOC WORK	ATHENS
1968	ATLANTA UNIV SCH OF SOC WORK	ATLANTA

HAWAII

1974	UNIV OF HAWAII SCH OF SOC WORK	HONOLULU
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PROGRAMS FOR SOCIAL WORKERS (SW)

ILLINOIS

1980	LOYOLA UNIV OF CHICAGO SCH OF SOC WORK	CHICAGO
1983	UNIV OF CHICAGO SOCIAL SERVICE ADMIN	CHICAGO
1986	UNIV OF ILLINOIS CHICAGO JANE ADDAMS SCH	CHICAGO
1977	GEORGE WILLIAMS COLL SOC WORK EDUC	DOWNERS GROVE
1989	UNIV OF ILLINOIS URBANA SCH OF SOC WORK	URBANA

INDIANA

1992	INDIANA UNIV SCH OF SOC SERVICE	INDIANAPOLIS
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IOWA

1995	UNIV OF IOWA SCH OF SOC WORK	IOWA CITY
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KANSAS

1998	UNIV OF KANSAS SCH OF SOC WELFARE	LAWRENCE
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KENTUCKY

2001	UNIV OF KENTUCKY SOCIAL PROFESSIONS	LEXINGTON
2004	UNIV OF LOUISVILLE RAYMOND KENT SCH	LOUISVILLE

LOUISIANA

2007	LOUISIANA STATE UNIV SCH OF SOC WELFARE	BATON ROUGE
2010	TULANE UNIV SCH OF SOC WORK	NEW ORLEANS

MAINE

3151	UNIVERSITY OF NEW ENGLAND	BIDDEFORD
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MARYLAND

2013	UNIV OF MARYLAND BALTIMORE SOC WORK	BALTIMORE
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MASSACHUSETTS

2019	BOSTON UNIV SCH OF SOC WORK	BOSTON
2022	SIMMONS COLL SCH OF SOC WORK	BOSTON
2016	BOSTON COLL SCH OF SOC WORK	CHESTNUT HILL
2025	SMITH COLL SCH FOR SOC WORK	NORTHAMPTON

MICHIGAN

2031	UNIV OF MICHIGAN SCH OF SOC WORK	ANN ARBOR
2034	WAYNE STATE UNIV SCH OF SOC WORK	DETROIT
2028	MICHIGAN STATE UNIV SCH OF SOC WORK	EAST LANSING
2037	WESTERN MICHIGAN UNIV SCH OF SOC WORK	KALAMAZOO
3126	EASTERN MICHIGAN UNIV	YPSILANTI

PROGRAMS FOR SOCIAL WORKERS (SW)**MINNESOTA**

2040	UNIV OF MINNESOTA DULUTH SCH OF SOC WORK	DULUTH
2043	UNIV OF MINNESOTA MPLS SCH OF SOC WORK	MINNEAPOLIS
2272	UNIV OF MINNESOTA	MORRIS

MISSISSIPPI

2046	UNIV OF SOUTHERN MISSISSIPPI SOC WORK	HATTIESBURG
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MISSOURI

2052	UNIV OF MISSOURI COLUMBIA SCH OF SOC WORK	COLUMBIA
2049	ST. LOUIS UNIV SCH OF SOC WORK	ST. LOUIS
2055	WASHINGTON UNIV B W BROWN SCH	ST. LOUIS

MONTANA

2252	EASTERN MONTANA COLL	BILLINGS
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NEBRASKA

2058	UNIV OF NEBRASKA SCH OF SOC WORK	OMAHA
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NEVADA

3159	UNIVERSITY OF NEVADA	LAS VEGAS
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NEW JERSEY

2061	RUTGERS UNIV SCH OF SOC WORK	NEW BRUNSWICK
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NEW MEXICO

1910	NEW MEXICO HIGHLAND UNIV	LAS VEGAS
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NEW YORK

2079	SUNY AT ALBANY SCH OF SOC WELFARE	ALBANY
2082	SUNY AT BUFFALO SCH OF SOC WORK	BUFFALO
2064	ADELPHI UNIV SCH OF SOC WORK	GARDEN CITY
2067	COLUMBIA UNIV SCH OF SOC WORK	NEW YORK
2070	CUNY HUNTER COLL SCH OF SOC WORK	NEW YORK
2073	FORDHAM UNIV SCH OF SOC SERVICE	NEW YORK
2076	NEW YORK UNIV SCH OF SOC WORK	NEW YORK
2091	YESHIVA UNIV WURZWEILER SCH OF SOC WORK	NEW YORK
2085	SUNY AT STONY BROOK SCH OF SOC WELFARE	STONY BROOK
2088	SYRACUSE UNIV SCH OF SOC WORK	SYRACUSE

NORTH CAROLINA

2094	UNIV OF NORTH CAROLINA	CHAPEL HILL
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PROGRAMS FOR SOCIAL WORKERS (SW)***NORTH DAKOTA***

3103	UNIVERSITY OF NORTH DAKOTA	GRAND FORKS
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OHIO

3110	UNIVERSITY OF CINCINNATI	CINCINNATI
2097	CASE WESTERN RESERVE UNIV APPLIED SOC WORK	CLEVELAND
2100	OHIO STATE UNIV	COLUMBUS

OKLAHOMA

2242	SOUTHEASTERN STATE UNIV	DURANT
2103	UNIV OF OKLAHOMA SCH OF SOC WORK	NORMAN

OREGON

2106	PORTLAND STATE UNIV	PORTLAND
1682	UNIV OF PORTLAND	PORTLAND

PENNSYLVANIA

2109	BRYN MAWR COLL	BRYN MAWR
2115	TEMPLE UNIV SCH OF SOC ADMIN	PHILADELPHIA
2118	UNIV OF PENNSYLVANIA	PHILADELPHIA
2121	UNIV OF PITTSBURGH	PITTSBURGH
2112	MARYWOOD COLL SCH OF SOC WORK	SCRANTON

PUERTO RICO

2124	UNIV OF PUERTO RICO SCH OF SOC WORK	RIO PIEDRAS
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RHODE ISLAND

2234	RHODE ISLAND COLL	PROVIDENCE
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SOUTH CAROLINA

2127	UNIV OF SOUTH CAROLINA COLL OF SOC WORK	COLUMBIA
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SOUTH DAKOTA

2194	BLACK HILLS STATE COLL	SPEARFISH
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TENNESSEE

2130	UNIV OF TENNESSEE KNOXVILLE SCH OF SOC WORK	KNOXVILLE
2133	UNIV OF TENNESSEE MEMPHIS SCH OF SOC WORK	MEMPHIS
2136	UNIV OF TENNESSEE NASHVILLE SCH OF SOC WORK	NASHVILLE

PROGRAMS FOR SOCIAL WORKERS (SW)***TEXAS***

2145	UNIV OF TEXAS AT ARLINGTON SCH OF SOC WORK	ARLINGTON
2146	UNIV OF TEXAS AT AUSTIN SCH OF SOC WORK	AUSTIN
2142	UNIV OF HOUSTON SCH OF SOC WORK	HOUSTON
2139	OUR LADY OF THE LAKE COLL WORDEN SCH	SAN ANTONIO

UTAH

2148	UNIV OF UTAH SCH OF SOC WORK	SALT LAKE CITY
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VIRGINIA

2152	NORFOLK STATE COLL SCH OF SOC WORK	NORFOLK
2151	VIRGINIA COMMONWEALTH UNIV SCH OF SOC WORK	RICHMOND

WASHINGTON

2155	EASTERN WASHINGTON UNIV EMPIRE SCH	CHENEY
2154	UNIV OF WASHINGTON SCH OF SOC WORK	SEATTLE
0274	SPOKANE FALLS COMM COLL	SPOKANE
1681	UNIV OF PUGET SOUND	TACOMA
2720	WALLA WALLA COLLEGE	WALLA WALLA

WEST VIRGINIA

2157	WEST VIRGINIA UNIV SCH OF SOC WORK	MORGANTOWN
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WISCONSIN

2160	UNIV OF WISCONSIN MADISON SCH OF SOC WORK	MADISON
2163	UNIV OF WISCONSIN MILWAUKEE SOCIAL WELFARE	MILWAUKEE

WYOMING

0834	UNIV OF WYOMING	LARAMIE
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PROGRAMS FOR MARRIAGE AND FAMILY THERAPISTS (MFT)

ARKANSAS

3157	HARDING UNIVERSITY	SEARCY
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CALIFORNIA

3082	FULLER THEOLOGICAL	PASADENA
2974	THE FIELDING INSTITUTE	SANTA BARBARA

FLORIDA

3084	UNIVERSITY OF FLORIDA	GAINESVILLE
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GEORGIA

3142	UNIVERSITY OF GEORGIA	ATHENS
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ILLINOIS

3108	NORTHERN ILLINOIS UNIVERSITY	DEKALB
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KANSAS

3137	KANSAS STATE UNIV	MANHATTAN
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KENTUCKY

3168	MOREHEAD STATE UNIVERSITY	MOREHEAD
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SOUTH DAKOTA

3085	SOUTH DAKOTA STATE UNIV	BROOKINGS
3105	NORTH AMERICAN BAPTIST SEMINARY	SIOUX FALLS

* Certificate Program

** Provisional Program

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Health Resources and Services Administration (HRSA) Field Office Contacts

FIELD OFFICE I

(States: CT, NH, MA, ME, RI, VT)
National Health Service Corps
Ms. Jane Buker
John F. Kennedy Federal Building
Room 1826, Government Center
Boston, Massachusetts 02203
Phone: 617-565-1463 (collect)
FAX: 617-565-4027

FIELD OFFICE II

(States: NY, NJ, PR, Virgin Islands)
National Health Service Corps
Mr. Lester Theophilakos/Mr. Steve Wong
26 Federal Plaza, Room 3337
New York, New York 10278
Phone: 212-264-2728
212-264-2544
FAX: 212-264-4497/264-2673

FIELD OFFICE III

(States: DC, DE, MD, PA, VA, WV)
National Health Service Corps
Mr. Dennis Dey
150 S. Independence Mall West
Public Ledger Building, Suite 1172
Philadelphia, Pennsylvania 19106-3499
Phone: 215-861-4361
800-554-9741
FAX: 215-861-4385

FIELD OFFICE IV

(States: AL, FL, GA, KY, MS, NC, SC, TN)
National Health Service Corps
James Friday, D.M.D./Mr. Vince Epps/Ms. Carolyn Keshinro/Mr. David Butterworth
60 Forsyth Street, S.W., Suite 3M60
Atlanta, Georgia 30303-8909
Phone: 404-562-4117 or 4112
800-241-4714 (outside GA)
FAX: 404-562-7999

FIELD OFFICE V

(States: IL, IN, MI, MN, OH, WI)
National Health Service Corps
Ms. Clarinda Valentine/Ms. Elaine Smith
233 N. Michigan Avenue, Suite 200
Chicago, Illinois 60601
Phone: 312-886-3867/312-353-8702
800-621-3996
FAX: 312-353-1212/886-5454

FIELD OFFICE VI

(States: AR, LA, NM, OK, TX)
National Health Service Corps
Ms. Joyce Bailey/Ms. Linda Olsen/
Ms. Bertie Sephus
1301 Young Street
Room 1040, HRSA-1
Dallas, Texas 75202
Phone: 214-767-3888
1-888-588-1283
FAX: 214-767-3038

FIELD OFFICE VII

(States: IA, KS, MO, NE)
National Health Service Corps
Ms. Judy Jensen/Mr. Clark Conover/
Ms. Marilyn McKean
Federal Office Building, Room 1728
601 East 12th Street
Kansas City, Missouri 64106
Phone: 816-426-2916 (collect)
800-253-9511
FAX: 816-426-3633

FIELD OFFICE X

(States: AK, ID, OR, WA)
National Health Service Corps
Mr. Harlen Whitling
Room 700, M.S. RX-23, Blanchard Plaza
2201 Sixth Avenue
Seattle, Washington 98121
Phone: 206-615-2490
1-800-952-2075
FAX: 206-615-2500

FIELD OFFICE VIII

(States: CO, MT, ND, SD, UT, WY)
National Health Service Corps
Ms. Marva Jackson/Ms. Helen Collins
1961 Stout Street
Federal Office Building, Room 498
Denver, Colorado 80294
Phone: 303-844-3204
800-525-2353
FAX: 303-844-0002

FIELD OFFICE IX

(States: AZ, CA, HI, NV, Pacific Basin,
Guam)
National Health Service Corps
Mr. Doug Pendleton
50 United Nations Plaza, Room 306
San Francisco, California 94102
Phone: 415-437-8017 (collect)
FAX: 415-437-8003